4/600/57033

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Rusiness Entity Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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S. WARREN AUG 2 1 2017

, COVER LETTER

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INHS18 (2/14)

TO:	Registration Section Division of Corporations						
SUBJI	BENZER HOSPITALITY PARTNERS, LLC						
		Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Office C	Change and fo	ee(s) are submitted for filing.				
Please	return all correspondence concerning this m	atter to the fo	llowing:				
PATE	RICK H WILLIS ESQ						
	Name of Person		-				
WILL	IS & ODEN PL						
	Firm/Company		-				
2121	S HIAWASSEE RD, SUITE 116						
	Address		-				
ORLA	ANDO, FL 32835						
	City/State and Zip Code	<u></u>	~				
PWIL	LIS@WILLISODEN.COM						
F	-mail address: (to be used for future annual	report notifica	ation)				
For fur	ther information concerning this matter, plea	ase call:					
PATR	IICK H WILLIS	407	903-9939				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314				
	Enclosed is a check for the following amount:						
	☑ S25 Filing Fee	S \$55	Filing Fee & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: BENZER HOS	SPITALITY	PARTNERS, LLC	<u> </u>		
2. (a)	2121 S. HIAWASSEE RD	(b) 212	(h) 2121 S. HIAWASSEE RD			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		=	l'limited liability company: E POST OFFICE BOX)		
	SUITE 116	SU	ITE 116			
	ORLANDO, FL 32835	OR	ORLANDO, FL 32835			
	08/22/2016	L160	L16000157033			
3.	Date of filing/registration in Florida	4.	Document nui	mber		
5. (a)	WILLIS, PATRICK H ESQ.					
J. (11)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:			
	150 N. ORANGE AVE. 418					
	Registered Office Address (MUST BE FLORIDA STREET.	(DDRESS)				
	ORLANDO, FL	32801		17 AUG		
(b)	PATRICK H WILLIS ESQ)6 21		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		3		
	C/O WILLIS & ODEN PL			្រុះ គឺដូ ដ		
	NEW Registered Office Address:					
	2121 S HIAWASSEE ROAD SUITE 116					
	ORLANDO	32835				
signal si	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited his ere authorized by an affirmative vote of the members of feles of organization or the operating agreement of the nurre of a member or authorized representative of a member oby accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have iting of this change.	the registered ability companif the limited liability liabilit	office and the busing, it is hereby confirmability company or a sty company. Printed or typed is capacity. I further	ess office of the registered med that the change(s) as otherwise provided in name of signed		

Signature of Registered Agent