L16000176074

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



500368355565

06/18/21--01013--019 **25.00

2021 JUN 18 PM 1: 23
SECRETARY OF STATE
TALL A HASSEE 27

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Dania Airport Hotels, LLC						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered (Office Change	e and fec(s) are submitted for filing.				
Please	return all correspondence concerning	this matter to	the following:				
Nixaliz	Martrinez						
	Name of Person	M. ,, .					
AD 1 M	lanagement Inc						
_	Firm/Company						
1955 H	arrison Street Suite 200						
	Address						
Hollyw	ood, FL 33020						
	City/State and Zip Code						
nixaliz.i	nartinez@ad1global.com						
E-	-mail address: (to be used for future a	nnual report	notification)				
For furt	her information concerning this matte	er, please call	:				
Nixaliz	Martinez	954 at (434-5001				
	Name of Person		Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following	ng amount:					
D 404 MW			\$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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: Dania Airport Ho	otels, LLC			
2. (a)	1955 Harrison St Suite 200 Hollywood, FL 33020	(b	1955 Harr	rison St Stuite 200 Hollywood, FL 33020	
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	("		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		-			
	09/21/2016		L160001760)74	
	Date of filing/registration in Florida	4.	· · · · · · · · · · · ·	Document number	
5. (a)		-		_	
	Registered Agent and Registered Office shown on the records of STANTON, AUGUST J, JR.	the Florida	Dept. of State	e:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	
	9480 EAST COLONIAL DRIVE			20 3.	
(0)	ORLANDO FI	32817		OCRE J	
	Steven Berkeley			E IL 2021 JUN 18 SECRETARY TALLAHA	
	Enter name of NEW Registered Agent and/or NEW Registered	l Office add	lress:	SEG P I	
	Steven Berkeley			11:23 STATE E.F.	
	NEW Registered Office Address:				
	1955 Harrison St Suite 200			_	
	Hollywood , FL	33020			
nange gent w as/we	mited liability company is not organized under the lay or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of the organization or the operating agreement of the	registered ability cor of the limi	I office and npany, it is ted liability	the business office of the registered hereby confirmed that the change(s)	
7	Junny M	Jose I	Daniel Berm	an	
hereb rovisia je obli mere	ure of a member or authorized representative of a member by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act i performan I for in Ch iereby con	n this capa ice of my d iapter 605, ifirm that ti	Printed or typed name of signee city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00