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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NOTHCYN HO	ospitality, LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registe	red Office Change and fee(s) are submitted for filing.
Please return all correspondence concer	ming this matter to the following:
Alfred F. Andreu, P.A. Name of Person	n
Altred F. Andreu, P.A.	
Firm/Company	
7000 SW 97 AVANUE, S	uite 201
Address	
Miami, FL 33173	
City/State and Zip	Code
E-mail address: (to be used for fur	com
E-mail address: (to be used for fur	ure annual report notification)
For further information concerning this	matter, please call:
Tsaballa Claveria	at (305) 403-8514
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the fo	llowing amount:
⊠ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	



FLORIDA DEPARTMENT OF STATE | Division of Corporations

August 24, 2017

ALFRED F ANDREU, PA | 7000 SW 97 AVENUE, SUITE 201 MIAMI, FL 33173 | |

SUBJECT: NORTHERN HOSPITALITY LLC

Ref. Number: L17000082420

We have received your document for NORTHERN HOSPITALITY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

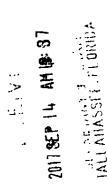
The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 617A00017457



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. Northern Hospitality 1. Name of the limited liability company: Mailing address of limited liability company: Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 1717 N Rayshard Dr., Suite 250 1717 N Bayshore Dr., Suite 250 Miami FL 33132 L17000082<u>420</u> 4/12/2017 Date of filing/registration in Florida 3. Andrew Foiseltto Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Alfred F. Andreu Enter name of NEW Registered Agent and or NEW Registered Office address: NEW Registered Office Address: Miami If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merelly reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing if this change.

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

Signature of Registered Agent