5/18/2020

Division of Corporations

Florida Department of State Distant of Conformations Elegibric Fifting Caver Sheet

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	Division of Cor Fax Number	: (850)617-6383
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	Account Name	: C T CORPORATION SYSTEM
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	Phone	: (614)280-3338
	Fax Number	: (954)208-0845
		for this business entity to be used for future. ngs. Enter only one email address please.**

LLC REGISTERED AGENT CHANGE HOTELIER HARBOR BEACH, LLC

Certificate of Status	0
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HECENED

MAY 2.0 2020

https://efile.sunbiz.org/scripts/efilcovr.exe

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. Na	me of the limited liability company: Hotelier Harbor Be	Beach, LLC
2. (a)		(b)
2. (u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	14640 NW 60th Ave	14640 NW 60th Ave
	Miami Lakes, FL 33014	Miami Lakes, FL 33014
	05/08/2017	L17000101977
3.	Date of filing/registration in Florida	4. Document number
5 (a)	Rojns, Agustin	
5. (a)	Registered Agent and Registered Office shown on the records of th	the Florida Dept. of State:
-	Registered Office Address (MUST BE FLORIDA STREET A) 14640 NW 60th Ave	ADDRESS)
	Miami Lakes , FL	33014
(b)	C T Corporation System	. 52
\ -/	Enter name of NEW Registered Agent and/or NEW Registered (Office address:
	NEW Registered Office Address:	
	1200 South Pine Island Road	
	Plantation .FL	L 33324
the cha agent/ was/we the arti	inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable end of the members of identical or an affirmative vote of the members of identical or the operating agreement of the liable member result or the presentative of a member.	tws of the State of Florida, it is hereby confirmed that after if the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company. Agustin Agustin Printed or typed name of signal Preve to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed thereby confirm that the limited liability company has been
поиле Ву: 😽	a in wruing of ims change. 4 - C.T.Comorating System	ed för in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been soehm, Assistant Secretary