(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:						
J. HORNE						
FEB 10 2025						

Office Use Only

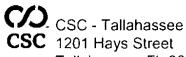


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FILED 2025 FEB -7 FM 1: 33

CEVEDER





Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna Godbolt@cscglobal.com

Ext: x61563 Date: 02/06/25 Order #: 1784988-4

Re: Miami Southern Hotels LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Shauna Godbolt
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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:MIAMI SOUTH	IERN HO	TELS LLC	;	
2. (a)			b)		
≟. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	121 SE FIRST ST		121 SE	FIRST ST	
	MIAMI, FL 33131	_	MIAMI,	FL 33131	
	02/17/2017		L170002	237086	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
(-,	Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC.	f the Florid	la Dept. of S		
	Registered Office Address	ADDRES	<u>(S)</u>		
	1200 S PINE ISLAND RD			15 F	
	PLANTATION , F	L_33324		PILED PH 1: 33	
(b)	· · · · ·			7 7 0	
,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	Corporation Service Company				
	NEW Registered Office Address:			_	
	1201 Hays Street			_	
	Tallahassee	32301 L			
change agent was/w	imited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability co of the lin	red office a ompany, it nited liabil	ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
	Luis Basavilbaso	Lui	is Basavilb	aso, Authorized Person	
Signa	nture of a member or authorized representative of a member			Printed or typed name of signee	
provis. the ob- to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	ree to ac e perform ed for in hereby c	t in this ca tance of m Chapter 66 confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed at the limited liability company has been	
Signan	Inc. 1-Kuble are of Registered Agent				
or anall	ne or registered vigetti				

Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00

COA-42191

INHS18 (2/14)

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