Division of Corporations

## Florida De**par**tment of

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(((H210000039283)))



H210000039283ABCZ

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To:

Division of Corporations,

Fax Number : (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 : (904)398-3911

Fax Number

: (904)396-0663

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE HH LBV HOTEL, LLC

Certificate of Status	0
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From: ROGERSTOWERS

H21000003928

## 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.

ì.	Na	me of the limited liability company: HH LBV Hotel, I	LC 	<del></del>	<del> </del>	·			
				ſЪ	<b>)</b>				
	<b>(-</b> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		ζ-,	,	Mailing address of limited liz (Note: MAY BE POST O	bility compa	iny:	
		103 S Godley Station Blvd. Suite 201			103 S Go	dley Station Blvd. Suite 20	l		
		Pooler, GA 31322	_		Pooler, G	A 31322			
		8/21/2018			L18000200	)472			
3.		Date of filing/registration in Florida	- 4.	•		Document number			
5.	(a)	Registered Agent and Registered Office shown on the records of		<u>-</u>		<u></u>			
	,	Registered Agent and Registered Office shown on the records of	the Fl	orida	Dept. of Sta	ite;			
		Susan Bloodworth, Esq.		_		<del></del>	ĊS	20	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<b>1</b>	121		
		100 Whetstone Place, Suite 200				_	<u>.</u>	JA.	J
		St. Augustine , FL	32	086		_	Aut minbbel	2021 JAN -5	GP###
							Č.		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	066			<del></del>	<u>.</u>	ö	in the same
		Einter name of NEW Registered Agent and/or NEW Registered	VIIIS	E AU	uress.			20	
		Courtney P. Gaver, Esq.					• •		
		NEW Registered Office Address:				<del>_</del>			
			<del></del>			<del></del>			
		m							
		, Fl	<b>-</b>						
ch ag wa the	ange cnt v as/w c art	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regi: abilit of the	stere y co lim ted l	d office a mpany, it ited liabili	nd the business office of is hereby confirmed that ity company or as otherwingany.	the registe the chang vise provid	ered e(s)	-
		ture of a member or authorized representative of a member	l L			Printed or typed name of si	_		
pr th to	ovis e ob mer	by accept the appointment as registered agent and aging of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to perfor d for herel	e act ormi in ( by co	in this cap ince of my Chapter 60 onfirm that	pacity. I further agree to duties, and I am familia 15, F.S. Or, if this docun the limited liability con	o comply war with and nent is bein in pany has	rith the laccept ng filed been	
Š	ignati	are of Registered Agent		/**	n. or u	EV 2224			

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