To:

Division of Corporations
Fax Number (858)617-6383

From.

ACCOUNT NAME : REGISTERED AGENTS INC.

Account Number : 120090800081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:

LLC REGISTERED AGENT CHANGE ESH SOLUTIONS 18 LLC

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. N	ame of the limited liability company:		
!. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	08/29/18	£1800	00206757
i.	Date of filing/registration in Florida	4.	Document number
	UNITED STATES CORPORATION AGENTS, INC.		
i. (a)	Registered Agent and Registered Office shown on the records of		
	476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		202
			2024 MAR
	JACKSONVILLE	iL_32202	<u> </u>
	Northwest Registered Agent LLC		Pi:
(p)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	
		to the state of th	
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	33702 'I	
ne chagent was/was/was/was/was/was/was/was/was/was/	timited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the member of a member of all statutes relative to the proper and completely reflect a change in the registered agent as provided reflect a change in the registered office address.	of the registered liability compare of the limited liability liabi	I office and the business office of the register ny, it is hereby confirmed that the change(s) hability company or as otherwise provided in ity company. Printed or typed name of signee as capacity. I further agree to comply with a

Signature of Registered Agent

- Assistant Secretary

Taylor Newman