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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*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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	nuurcaa.			



## LLC REGISTERED AGENT CHANGE MTM HOSPITALITY 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 603.0114 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.

J.			(b)		
	Principal office address of limited I Note: MUST BE STREET			-	f limited liability company. E POST OFFICE BOX)
	09/17/2019		L190	00235128	
	Date of filing/registration i	n Florida	4.	Document nu	mber
1	MERCHANT, MOHAMMED				
(a)	Registered Agent and Registered Office shi				
	7061 Grand National Dr				
	Registered Office Address - <u>DIUST BE</u>	FLORIDA STREET A	(DDRESS)		
	Suite 140				224 3JL 22
	ORLANDO		32819	<del></del>	
(b) <u> </u>	Northwest Registered Agent ELC  Enter name of <u>NEW Registered Agent</u> and	Office address;		MATTER STATE	
	7901 4th St N	•			
	NEW Registered Office Address:				
	STE 300			<del></del>	
	St. Petersburg	FL	33702		
ar w er k	mited liability company is not organize or changes are made, the Florida ill be identical. Or, in the case of a re authorized by an affirmative vote less of organization or the operating	i street address of Florida limited lia of the members of agreement of the	the registered bility compar f the limited l	l office and the busing, it is hereby confidiability company or a	ess office of the registemed that the change(s
	<u></u>	7		Printed or typed	<u>-</u>

in writing of this change.

Laylor Newman

Assistant Secretary