<u>L2000323128</u>				
(Requestor's Name) (Address) (Address)	500411098315			
(City/State/Zip/Phone #)	06/27/2301027011 **25.00			
Certified Copies Certificates of Status	FILED 2023 JUN 27 AM 10: 16 FALLAWASSEE, FLORIDA			



TO: **Registration Section** Division of Corporations

HOTEL COLLECTION LLC

SUBJECT:

.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

.

KATHI COLLESTER

Name of Person

ARÓMA360 LLC

Firm/Company

433 PLAZA REAL, SUITE 375

Address

BOCA RATON, FL 33432

City/State and Zip Code

KCOLLESTER@Z9LEGAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHI COLLESTER	561 6354945 at ()
Name of Person	Area Code & Daytime Telephone Numbe
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Enclosed is a check for the following amount:

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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.

(a)	Principal office address of limited liability company:	(b) _			
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		(b)		
	38 NW 24TH STREET	3	8 NW 24TH STREE	T	
	MIAMI. FL 33127	N	41AMI, FL 33127		
	10/12/2020	1.2	0000323128		
	Date of filing/registration in Florida	4.	Documen	t number	
(a)					
•	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:		
	KOTLYAROV LAW OFFICES PLLC				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	4910 COMMUNICATION AVENUE, SUITE 200				
	BOCA RATON FI	33431			
	<u>_</u> . • • •			1A. 21	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	- • · ·			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office addre	<u>-55</u> :	JUN	T
	KOTLYAROV LAW OFFICES PLLC			2023 JUN 27 A	
	NEW Registered Office Address:			in c	[]]
	433 PLAZA REAL, SUITE 375			10	$\overline{\bigcirc}$
				HIO: 16	
	BOCA RATON, FI	33432			
	, F				

Signature of a member or authorized representative of a member

Printed or typed name of signal

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified writing of this change.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00