## L200035120a

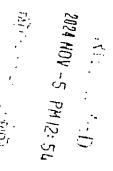
| (1                        | Requestor's Name)       |
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| PICK-UP                   | WAIT MAIL               |
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|                           | Decision Folia Norma    |
| (1                        | Business Entity Name)   |
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| (1                        | Document Number)        |
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|                           |                         |
| Certified Copies          | Certificates of Status  |
|                           |                         |
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| Special Instructions to F | iting Officer:          |
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II5 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I200000000088
If there are any issues please contact Pariet at 850-202-9071

| Date:        | 11/05/2024                     |                         |
|--------------|--------------------------------|-------------------------|
| Name:        | Cheyanne Davis                 |                         |
| Reference #: | 2520213                        |                         |
| Entity Name: | HOTEL MOTEL                    | LAUDERDALE INN LLC      |
| Article      | s of Incorporation/Authorizati | on to Transact Business |
| Amend        | dment                          |                         |
| ✓ Chang      | ge of Agent                    |                         |
| ☐ Reinst     | atement                        |                         |
| ☐ Conve      | ersion                         |                         |
| ☐ Merge      | r                              |                         |
| ☐ Dissol     | ution/Withdrawal               |                         |
| Fictitio     | ous <b>Na</b> me               |                         |
| Other_       |                                |                         |
|              |                                |                         |
| Authorized A | mount: \$25.00                 |                         |
| Signature:   | Ohyma Paine                    |                         |



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues please contact Parries at 850-202-9071

| Date:1        | 1/05/2024                      |                      |
|---------------|--------------------------------|----------------------|
| Name:         | Cheyanne Davis                 | -                    |
| Reference #:_ | 2520213                        | -                    |
| Entity Name:_ | HOTEL MOTEL L                  | AUDERDALE INN LLC    |
| Articles      | of Incorporation/Authorization | to Transact Business |
| Amendi        | ment                           |                      |
| Change        | e of Agent                     |                      |
| ☐ Reinsta     | tement                         |                      |
| Conver        | sion                           |                      |
| ☐ Merger      |                                |                      |
| Dissolu       | tion/Withdrawal                |                      |
| ☐ Fictitiou   | is Name                        |                      |
| Other_        |                                |                      |
|               |                                |                      |
| Authorized Am | nount: \$25.00                 |                      |
| Signature:    | Oryma Paire                    |                      |

## 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;                 |                        | Mailing address of limited liability company |
|-----|------------------------------------------------------------------------|------------------------|----------------------------------------------|
|     | ( <u>Note: MUST BE STREET ADDRESS</u> )                                |                        | (Note: MAY BE POST OFFICE BON)               |
|     | No Change                                                              | No.                    | o Change                                     |
|     | November 12, 2020                                                      |                        | L20000357202                                 |
|     | Date of filing/registration in Florida                                 | 4,                     | Document number                              |
| a ) | MOORE, GARETH                                                          |                        |                                              |
| .,  | Registered Agent and Registered Office shown on the record             | s of the Florida Dept  | t. of State:                                 |
|     | 2197 N OCEAN BLVD                                                      |                        |                                              |
|     | Registered Office Address (MUST BE FLORIDA STRE                        | ET ADDRESS)            |                                              |
|     | FORT LAUDERDALE                                                        | FL_33305               | <br>                                         |
| )   | COGENCY GLOBAL INC.                                                    |                        |                                              |
| ,   | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | ered Office address    | : 22                                         |
|     | 115 North Calhoun St., Suite 4                                         |                        |                                              |
|     | NEW Registered Office Address:                                         |                        |                                              |
|     | -                                                                      | . <sub>FL_</sub> 32301 |                                              |

Gareth Moore Authorized Person /s/ Gareth Moore

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Timothy Mayville

Signature of Registered Agent