L21000220616

(Requestor's Name)						
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
(Business Entity Name)						
(Document Number)							
Certified Copies	Certificates of S	tatus					
	<u> </u>						
Special Instructions to Filing Officer:							

Office Use Only



900418403409

2023 NOV -3 PM 2: 09



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 110215 8366479							
AUTHORIZATION :							
COST LIMIT : \$ 25.00							
ORDER DATE: November 3, 2023							
ORDER TIME : 2:19 PM							
ORDER NO. : 110215-020							
CUSTOMER NO: 8366479							
CHANGE OF AGENT							
NAME: TRIP HOSPITALITY ORLANDO LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker EXT#							

EXAMINER:

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.

1.	Na	me of the limited liability company: TRIP HOSPITALI	TY ORI	ANDO LLC	. <u> </u>	
2. (a)		(b)		
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
		2610 NORTH INTERNATIONAL PARKWAY PO BOX 610043		2610 NORTH	HINTERNATIONAL PARKWAY PO BOX 610043	
		DFW AIRPORT, TX 75261	_	DFW AIRP	PORT, TX 75261	
		05/17/2021		L21000220	616	
3.		Date of filing/registration in Florida	4.	I	Document number	
5.	(a)					
	` ,	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:	4	
		Florida Filing & Search Services Inc.				
		Registered Office Address (MUST BE FLORIDA STREET AL	DRESS	<u>. </u>		
		155 Office Plaza Dr Suite A			208 TÃ	
		TALLAHASSEE FL_	32301		2023 NOV -3 PM 2: 09	
					ASS 1-3	
((b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		Corporation Service Company			2: 09	
		NEW Registered Office Address:			A	
		1201 Hays Street				
		Tallahassee, FL	32301			
char ager was the	nge nt w /we artic	mited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line.	egistere ility con the limi mited li	d office and npany, it is ted liability ability comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
		Kean Kee	Lim		Authorized Person	
	_	ure of a member or authorized representative of a member			Printed or typed name of signee	
prov the to m noti	visio obli iere fied	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided f ly reflect a change in the registered office address. I he In writing of this change.	to act erforma for in C reby co	in this capac nce of my di hapter 605, nfirm that th	tiv. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed at limited liability company has been	
X	\mathcal{L}	vace tokuble				

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

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President