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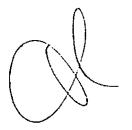
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COVER LETTER

TO:	Registration Section Division of Corporations		,	اه اس ای		
SUBJ	DECT: 7130 HOSPITALITY LLC					
	Name of	Limited L	iability Company			
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Registered Office C	hange and	fee(s) are submitted for filin	g.		
Please	e return all correspondence concerning this ma	tter to the	following:			
Melis	ssa Jones					
	Name of Person	 				
ZenB	usiness Inc.					
	Firm/Company					
336 E	. College Ave. Suite 301			WAR THASSEL, FL	2022	
	Address					ي-و و و و هسا
Tallal	nassee, FL 32301			HASS.	_)
_	City/State and Zip Code		_		=	
ra@z	enbusiness.com			25	: 42	-
	E-mail address: (to be used for future annual re	eport notif	fication)			
For fi	urther information concerning this matter, pleas	se call:				
Me	lissa Jones at	844	493-6249)			
	Name of Person		Area Code & Daytime Te	lephone Nur	nber	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporation The Centre of Tallahase 2415 N. Monroe Street Tallahassee, FL 32303	see		
	Enclosed is a check for the following amo	unt:				
	□ \$25 Filing Fee	o s	55 Filing Fee & Certified Co	рру		

INHS18 (2/14)

STÅTEMENT 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. N a	ame of the limited liability company: 7130 H	OSPIT	ALITY I	LLC	
2. (a)	3150 SOUTHWEST 38TH AVEN	UE (_{b)} 2680	30th Street	
L. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limit (Note: MAY BE POS	ted liability company:
	SUITE 1313		2B		
	MIAMI, FL 33146		Astori	ia, NY 1110	2
	07/07/2021		L2100	0311592	
3. 5. (a)	Date of filing/registration in Florida Registered Agents Inc.	4.		Document number	
J. (4)	Registered Agent and Registered Office shown on the record	is of the Florid	la Dept, of Stat	- E:	
	Registered Office Address	ET ADDRES	<u>S1</u>		1022 JUL
	St. Petersburg	FL 33702			
(b)	ZenBusiness Inc			A ABASSEE	.FD
(-)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office a	ddress:	_	F # 5
	336 E. College Ave.				
	NEW Registered Office Address:			_	
	Suite 301			_	
	Tallahassee	, FL		_	
change agent was/w	limited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	the register d liability over ers of the li	red office an ompany, it i nited liabilit	id the business offices s hereby confirmed by company or as other	e of the registered that the change(s)
<u>/s/</u>	Níkolaus Knapp	<u>N</u>	kolaus K		
Sign	three 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.

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Signature of Registered Agent