3000119979

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

Office Use Only



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2023 MAR 21 AM 11: 33 JEN-JOBB

2023 MAR 21 AM 10: 22

Ch 3/22/2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195		
	REFERENCE	:	557777 E	7840505	,	
	AUTHORIZATION	;		- nues		
	COST LIMIT	:	\$ 25.00			
ORDER DATE : Ma	rch 9, 2023					
ORDER TIME : 7	:59 AM					
ORDER NO. : 55	7171-010					
CUSTOMER NO:	7840505					
	CHANGE OF AC	<u>GEN</u>	<u>T</u>			
	j					
NAME:	TMD-CLD, LLC					
PLEASE RETURN TH	E FOLLOWING AS	PR	OOF OF FII	LING:		
CERTIFIE XX PLAIN ST	D COPY AMPED COPY					

EXAMINER:

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

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.

I. Na	me of the limited liability company: TMD-CLD, LLC	· <u>-</u>		
2. (a)		((b)_	,
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'	.07_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	226 COMMODORE DRIVE			13075 MANCHESTER ROAD 100
	JUPITER, FL 33477		-	SAINT LOUIS, MO 63131
	03/07/2023		L	L23000119979
•	Date of filing/registration in Florida	4.	_	Document number
. (a)				
. (u)	Registered Agent and Registered Office shown on the records of DRURY HOTELS COMPANY, LLC		Ja D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRES	<u></u> :S)	 1
	7301 WEST SAND LAKE ROAD			.: 😕
	ORLANDO .FL	32819		2023 MAR
				. 20
(b)	Enter name of NEW Registered Agent and/or NEW Registered	1.4500		
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddre	Iress:
	Corporation Service Company			Iress:
	NEW Registered Office Address:	 -		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	1201 Hays Street			
	· · · · · · · · · · · · · · · · · · ·			
	Tallahassee	32301		
hange gent w as/we	mited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of the organization or the operating agreement of the	register ability co of the lir limited	red omp nite liab	d office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
	rles L. Drury, Jr. ure of a member or authorized representative of a member	<u></u>	arie	rles L. Drury, Jr., Manager Printed or typed name of signee
hereb rovisio ne obli o mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I lim writing of this change.	ee to ac perform d for in (hereby c	t in ianc Cha conf	in this capacity. I further agree to comply with th
ignatu	e of Registered Agent			
	E. Kirby, Asst. Vice President on behalf of Corporation			• •
	Division of Corporations P.O. I	Box 632	.7●	• Tallahassee, FL 32314

FILING FEE: \$25.00