123000426504

| (Requestor's Name) | | | | |
|---|---------------------|---------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | y/State/Źip/Phone # | f) | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates o | f Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



000422603070

RATRO Change



A. RAMSEY FEB -7.2074 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : I2 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 9 | 5 |
|------------------|----|---|---|---|---|---|---|---|---|---|
|------------------|----|---|---|---|---|---|---|---|---|---|

REFERENCE: 298455 7561392

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: January 30, 2024

ORDER TIME : 8:51 AM

ORDER NO. : 298455-010

CUSTOMER NO: 7561392

CHANGE OF AGENT

NAME: LIBERTY HOTEL FUND I GP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|-----------------------|--|
| Liberty Hotel Fund I GP, LLC SUBJECT: | | |
| | Name of Limited L | iability Company |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered | d Office Change and | fee(s) are submitted for filing. |
| Please return all correspondence concerni | ng this matter to the | following: |
| Annalee Hofbrook | | |
| Name of Person | | ··· |
| Liberty Investment Properties, INC | | |
| Firm/Company | | |
| 824 Highland Avenue | | |
| Address | | _ |
| Orlando , FL 32803 | | |
| City/State and Zip Co | ode | _ |
| aholbrook@libertyprop.com | | |
| E-mail address: (to be used for future | e annual report notif | ication) |
| For further information concerning this ma | atter, please call: | |
| Annalee Holbrook | 321 at (| 5946753 |
| Name of Person | | Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the follow | wing amount: | |
| ■ \$25 Filing Fee | □ Sá | 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.

| 1. N | Name of the limited liability company: | und I GP, L | LC | |
|---------------------------------------|---|---|--|--|
| 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 BOX) |
| | 824 Highland Ave. | | 824 Hight | and Ave. |
| | Orlando, FL 32803 | <u> </u> | Orlando, I | FL 32803 |
| | 09/12/2023 | 1 | L23000426 | 35 04 |
| 3. | Date of tiling/registration in Florida | — _{4.} – | | Document number |
| 5. (a | .) | | | 2 |
| J. (G | Registered Agent and Registered Office shown on the records of | f the Florida I | Dept. of State | |
| | ZKS Registered Agent Services, LLC | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | · - | 2 2 |
| | 315 E. Robin Street, Suite 600 | | | Document number |
| | Orlando . Fi | , 32801 | _ | |
| | Enter name of NEW Registered Agent and/or NEW Registere Corporation Service Company | <u>d Office addi</u> | <u>ress</u> : | |
| | NEW Registered Office Address: | | | |
| | 1201 Hays Street | | | |
| | Tallahassee FI | 3230 1 | | |
| agent was/w the ar | limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | e registered lability com of the limit e limited lia | office and pany, it is ed liability | the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. |
| | ature of a member or authorized representative of a member | | .1. | Printed or typed name of signee |
| provis the ob to mei notifie | eby accept the appointment as registered agent and agsions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ged in writing of this change. | ree to act in performan ed for in Ch hereby con | i this capa ce of my a apter 605, firm that t | city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been |
| | ure of Registered Agent | | | |