

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

DOCUMENT # **L62775**

1. Entity Name  
**HOSPITALITY LINEN SERVICES, INC.**

Principal Place of Business	Mailing Address
1701-A EASTON AVE ST CLOUD FL 34769 US	PO BOX 617311 ORLANDO FL 32861 US

2. Principal Place of Business	3. Mailing Address 200 S. Orange
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Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>Suite 2300</i>
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City & State	City & State <i>Orlando FL</i>
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Zip	Country	Zip	Country
		32804	USA

6. Name and Address of Current Registered Agent	
<b>A.G.C. CO.</b> <b>200 S ORANGE AVE</b> <b>SUITE 2300</b> <b>ORLANDO FL 32801-3432</b>	Name
	Street Address
	City

4. FEI Number	59-3004539	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KIENTLE, RICHARD J. 1701 A EASTERN AVE ST CLOUD FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KIENTLE, JUDITH A. 1701 A EASTERN AVE ST CLOUD FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. L. J. Kientz P. 4/20/01 407 578 1130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Phone

CR2E034 (10/00)