MJH City/State/Zip

Examiner's Initials

|   | Office Use Only  |  |  |  |  |
|---|--|--|--|--|--|
| CORPORATION NAME(S) & DOCUM                                 | ENT NUMBER(S), (if known):  1009034435510  1009034435510  ******25.00 ******25.00                        |  |  |  |  |
| (Corporation Name)  | (Document #)   |  |  |  |  |
| 2. (Corporation Name)                                       | (Document #)   |  |  |  |  |
| (Corporation Name)  | (Document #)   |  |  |  |  |
| 3(Corporation Name)   | (Document #)   |  |  |  |  |
| 4(Corporation Name)   | (Document #)   |  |  |  |  |
| ☐ Walk in ☐ Pick up time                                    | Certified Copy   |  |  |  |  |
| ☐ Mail out ☐ Will wait                                      | Photocopy  |  |  |  |  |
| NEW FILINGS   | AMENDMENTS 30 SPECIAL STATES   |  |  |  |  |
| Profit Not for Profit Limited Liability Domestication Other | Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger |  |  |  |  |
| OTHER FILINGS   | REGISTRATION/QUALIFICATION   |  |  |  |  |
| Annual Report Fictitious Name                               | ☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other                                      |  |  |  |  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

| agent, or both, in the state of  | rioriaa.  |  |  |  |  |
|--|---|--|--|--|--|
| 1. The name of the limited li  | ability company is:   | Cardel Ho  | spitality Gr   | oup, L.C.  |  |
| 2. The mailing address of the  | e limited liability co  | mpany is : §   | 3255 NW 87 Av  | e, Miami,  | Fl 33172   |
|  |   |  | _  | ,  |  |
| July 22, 1999  |   |  | L99000004592   |  |  |
| 3. Date of filing/registration   | in Florida  | •  | 4. Document n  | ·  |  |
| 5. The name of the registered Florida Department of Stat   | agent and the registe:  | tered office   | address as show  | n on the reco  | rds of the   |
| *  | ade Corporate S   | Services,  | Inc.   |  |  |
|  | 2300 Coral Way,   | Name<br>Suite 103  | }  | _  |  |
|  | Miami, Florida 3  | Address<br>33145<br>State and Zi   |  | <del>-</del>   | BIVISIO<br>00 OO   |
| 6. The name and address of the   | •   |  | *  |  | SEGRETARY<br>OF COOR   |
| RC   | oger Slade , PA   | thman,   | Lewis, Li  | <u> </u>   |  |
| 2  | South Biscayne <sup>N</sup>   | lame<br>Blvd, Sui  | te 2400  | <u> </u>   | OF STATE STA |
|  | lorida street address   |  | •  | )  | <b>5</b> 385   |
| _ <u>M</u>   | Miami,  | FL 33131   |  | _  |  |
|  | City, St  | tate and Zip   |  |  |  |
| If the limited liability compan<br>confirmed that after the chang<br>and the business office of the<br>liability company, it is hereby<br>the members of the limited lia<br>the operating agreement of the | ge or changes are ma<br>registered agent wil  | ade, the Flor<br>I be identica<br>change(s) w                              | ida street addres<br>ll. Or, in the cas<br>as/were authoriz                            | s of the regis<br>se of a Florida<br>red by an affi                                  | tered office<br>a limited<br>rmative vote of   |
| (Signature of a member or authorized r   |   | ;)   | ==   |  |  |
| / KOGER S.   | 100E  |  |  |  |  |
| (Printed or typed name of signee)  | _   |  |  |  |  |
| I hereby accept the appointm comply with the provisions of and I am familian with and ac Chapter 608, F.S. Or if this address, I hereby confirm that   | ent as registered ag all statutes relative cept the obligations document is being fit the limited liability | ent and agre<br>to the prope<br>t of my posit<br>led to merel<br>company h | ee to act in this cer and complete ion as registered y reflect a changas been notified | capacity. I fur<br>performance<br>I agent as pro<br>se in the regin<br>in writing of | rther agree to<br>of my duties,<br>ovided for in<br>stered office<br>this change.  |

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

INHS18(10/99)

(Signature of Registered Agent)

**FILING FEE: \$25.00**