M02000002082

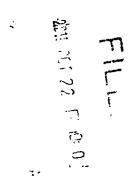
(Re	equestor's Name)				
(Ac	ldress)				
(Ac	idress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
. (Bu	siness Entity Nar	ne)			
(Do	ocument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

7.

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800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: October 18, 2018

Order#: 435290-024

Re: HEI HOSPITALITY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX__ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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.	Na	me of the limited liability company: HEI HOSPIT	ALITY, LLC		
2.	(a)	101 Merritt 7 Corporate Park	(b)		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liabili (Note: MAY BE POST OFF)	
		1st Floor			
		Norwalk C1 06851			
		08/09/2002		M02000002082	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	C T Corporation System			
-	` /	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:	
		1200 South Pine Island Road		,	
		Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)		, • • • • • • • • • • • • • • • • • • •
				~3	
		Diortation	22224		, <u> </u>
		Plantation	F1, 33324		
	(b)	Corporation Service Company) ~
	(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office add	ress:	
		1201 Hays Street			
		NEW Registered Office Address:			
					
		Tallahassee	FL_32301		
the age wa	cha ent v is/ve	mited liability company is not organized under the nge or changes are made, the Florida street address all be identical. Or, in the case of a Florida limited relauthorized by an affirmative vote of the member cles of organization or the operating agreement of the	of the regis liability cos s of the limi	ered office and the business office of npany, it is hereby confirmed that the ted liability company or as otherwise	f the registered change(s)
		Xel C. Whit	Jill C	ilmi, Authorized Person	
	7	are of a member or authorized representative of a member		Printed or typed name of signed	
pro the to no	ovisi e obli mere tified	by accept the appointment as registered agent and a cons of all statutes relative to the proper and completigations of my position as registered agent as providity reflect a change in the registered affice address. Lin writing of this change.	ite performa ded for in C I hereby co	nce of my duties, and I am Jamiliar w hapter 605, F.S. Or, if this document nfirm that the limited liability compa	ith and accept is being filed ny has been
Sų	gnatur	re of Registered Agent Corporation Service Company	y BY: Ar	ni M. Casper, Asst. Vice President	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00