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(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:							

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscqlobal.com

Date: June 3, 2021

Order#: 835281-019

Re: PRISM HOSPITALITY MANAGEMENT, 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: Erika Zavala Daza 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.

QUCA.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	ame of the limited liability company: PRISM HOSPIT	ALITY I	IAM	VAGEM	MENT, L.L.C.	
2. (a)	14800 LANDMARK BLVD.	(	(b) _	14800 L	LANDMARK BLVD.	
- (47	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	. ~ / _		Mailing address of limited liability com (Note: MAY BE POST OFFICE BO	
	SUITE 800		5	SUITE 8	800	
	DALLAS, TX 75254	_	[	DALLAS	S, TX 75254	
	08/15/2003		М	0300000	002724	
3.	Date of filing/registration in Florida	4.			Document number	
5. (a)	CT CORPORATION SYSTEM					
(u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				tate;	
	1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			E)		
	PLANTATION	33324			1	
(b)	FL	'	-			
					73	
(17)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ddra	: <u>88</u> :	_	•
	Corporation Service Company					
	NEW Registered Office Address:				<del>_</del>	
	1201 Hays Street				<u> </u>	
	Tallahassee FL	32301				
change igent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	register bility co f the lin limited	red omp nite liab	office an pany, it i d liabilit pility cor	and the business office of the regist is hereby confirmed that the changity ity company or as otherwise provi ompany.	ered ge(s)
Si	ture of a member or authorized representative of a member	Jill ——	Cilr	ni, Autho	norized Person	
_	·	<b></b>		elsia sesse	Printed or typed name of signee	مالم والعالم
provisi he obl o mere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. I he writing of this change.	ee to act perform I for in G ereby c	t in ianc Cha ronfi	tius cap re of my ipter 602 irm that	pacity. I further agree to comply we duties, and I am familiar with am 15. F.S. Or, if this document is being the limited liability company has	vith the d accept ng filed been
	Mr. Holin					

Signature of Registered Agent Grace E. Kirby, Asst. Vice President of Corporation Service Company