M65000000348

(Re	equestor's Name)			
(Ad	Idress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	rsiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer				

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2623 APR 14 PH12: 41

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	04/14/2023	_		
Name:		a-Amu		
Reference #	±:18787	27		
Entity Name	G6 HO	SPITALITY	FRANCHISING	LLC
	es of Incorporation/A	uthorization to	o Transact Business	
Char	nge of Agent			ANY ISSUES, CALL MARCEL:
Rein	statement			(518) 213 - 0826
Conv	ersion			Thank you!
☐ Merg	er			
Disso	olution/Withdrawal			
☐ Fictit	ious Name			
Othe	Γ	<u> </u>		
Authorized /	Amount:	\$25.00		
Cionatura:	A low cel o	g borner-bonn		

F: 800.944.6607

F: +852.2682.9790

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.

u / _		(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)
-	No Change	No.	o Change
<u>J</u>	January 24, 2005		M0500000348
	Date of filing/registration in Florida	4.	Document number
a) .	Corporation Service Company		
	Registered Agent and Registered Office shown on the record	s of the Florida Dep	ot, of State:
	1201 Hays Street		
i	Registered Office Address - (MUST BE FLORIDA STRE	ET ADDRESS)	
-	Tallahassee	_{FL} 32301-25	
·) (COGENCY GLOBAL INC.		25 APR 14
E	Inter name of NEW Registered Agent and/or NEW Registo	ered Office address	
	115 North Calhoun St., Suite 4		PH 12: 47
-	NEW Registered Office Address:		. <u>.</u> 5
-	Tallahassee	32301	
		, 1 12	
-	Tallahassee	FL 32301	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signee

/s/ Sean Honan

Signature of Registered Agent

Signature of a member or authorized representative of a member