

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Ďc	ocument Number)	
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115 N CALHOUN, ST., 512. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.ÇOM

Account#: 120000000088

Date:	06/04/2021	
Name:		_
Reference	4070000	
Entity Nam	e:FELCOR TRS	BORROWER 4, L.L.C.
	cles of Incorporation/Authorization	
☐ Ame	endment	
✔ Cha	nge of Agent	
☐ Reir	nstatement	
☐ Con	version	
☐ Mer	ger	
Diss	olution/Withdrawal	
Ficti	tious Name	
Othe	er	
Authorized Signature:	Amount: \$25.00	

F: 800.944.6607

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

a)		(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 Change			
	12/8/2005		M05000006766			
	Date of filing/registration in Florida	4.	Document numb	er		
(a)	CORPORATE CREATIONS NETWO	RK INC				
(a)	Registered Agent and Registered Office shown on the r	records of the Florida D	ept, of State:			
	801 US HIGHWAY 1					
	Registered Office Address (MUST BE FLORIDA)	STREET ADDRESS)		72 52 :	2021 JUN -4	~=
	NORTH PALM BEACH	, _{FL_} 33408		LAHASSEE A	1- Xí	***
(b)	COGENCY GLOBAL INC.				4H 10:	: :: :::::::::::::::::::::::::::::::::
	Enter name of NEW Registered Agent and/or NEW F	Registered Office addre	<u>(88)</u>		Ö	c
	115 North Calhoun St., Suite 4			;	<u>5</u>	
	NEW Registered Office Address:					

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Frederick D. McKalip

Frederick D. McKalip

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 familian 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.

/s/ Tim Mayville

Signature of Registered Agent

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