M06000001599

(Requestor's Name)			
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(City/State/Zip/Phone #)			
		MAIL		
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	(Document Number)			
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				



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Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	:	1200000019	95
	REFERENCE	:	755036	4380061
	AUTHORIZATION	:	کر بین این محمد این (م)	
	COST LIMIT	:	\$ 25.00	
ORDER DATE :	November 7, 2024			
ORDER TIME :	9:44 AM			
ORDER NO. :	755036-346			
CUSTOMER NO:	4380061			

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CHANGE OF AGENT

NAME: SHERATON LICENSE OPERATING COMPANY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

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.

n)	ame of the limited liability company:	<i>(</i> h	7750 Wisconsin Avenue
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0) Mailing address of limited liability company (<u>Note: MAY BE POST OFFICE BOX</u>)
	Bethesda, MD 20814		Bethesda, MD 20814
	03/17/2006		M06000001599
	Date of filing/registration in Florida	4.	Document number
(a)	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM		
	Registered Office Address <u>(MUST BE FLORIDA STREET</u> 1200 SOUTH PINE ISLAND ROAD	<u>ADDRESS</u>	TALLAHASSEE, FLORIDA
	PLANTATION	33324	
(b)			SEE. A
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office add	Iress: FLOR
	Corporation Service Company		0
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee	32301	

Andrew P.C. Wright, Secretary

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 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.

40 Mara. հտ Signature of Registered Agent

Grace E. Kirby, Asst. Vice President Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314

FILING FEE: \$25.00

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