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

Account#: I20000000088

Date:	06/04/2021	
Name:	Chris Vick	<u>-</u>
Referenc	ce #:1378999	_
Entity Na	me: RLJ II - RH PLAN	TATION LESSEE, LLC
□ Ar	rticles of Incorporation/Authorization	to Transact Business
_	mendment	
V C	hange of Agent	
☐ Re	einstatement	
Cc	onversion	
	erger	
☐ Di	ssolution/Withdrawal	
☐ Fi	ctitious Name	
	ther	
Authorize Sianature	ed Amount: \$25.00	

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.

l. (a)	(b)					
ŕ	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			
	5/17/2006		M06000002762			
٠.	Date of filing/registration in Florida	4.	Document number			
·. (a	Corporate Creations Network Inc. Registered Agent and Registered Office shown on the records o 801 US HIGHWAY 1	f the Florida Dep	_	3		
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>	<u>"ADDRESS)</u>		0001 IIW - L AH 10: 23		
	NORTH PALM BEACH F	_L 33408	4	<u> </u>		
(b)				AH IO:		
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address		 23		
	115 North Calhoun St., Suite 4					
	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 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.

/s/ I	ım	May	/VII	le
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Signature of Registered Agent

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