

(Re	equestor's Name)	
(Á	ddress)	
(Ac	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer.	

Office Use Only



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RC/Ch8

JUN 07 2021 LALBRITTON



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

Account#: 120000000088

Date:	06/04/2021	
Name:		_
Reference #		_
Entity Name	RLJ II - RH F	LANTATION, LLC
	es of Incorporation/Authorization	
Amer	ndment	
✓ Chan	ge of Agent	
Reins	statement	
Convi	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A	Amount \$25.00	

STATEMENT OF CHANGE OF REGISTERED ÓFFICE 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

l. (a)	Principal office address of limited liability company: Mailing address of limited liability company						any:
	(<u>Note: MUST BE STREET ADDRESS</u>)		(Note: MAY BE POST OFFICE BOX)				
	No Change		No Chang	je			
	5/17/2006		M06	000002763			
١.	Date of filing/registration in Florida	4.	L	Document number	•		
(a)	Corporate Creations Network Inc.						
. (***)	Registered Agent and Registered Office shown on the records of						
	801 US HIGHWAY 1						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS,				2021	
						۳	
	NORTH PALM BEACH . F	33408	·-		7. HASS	2021 JUN -4 AM 10: 22	7575
(b)	COGENCY GLOBAL INC.				ior m	AH II	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office adt	ress;			بر 2	-
	115 North Calhoun St., Suite 4				, ,-	2	
	NEW Registered Office Address:						
	Tallaharan	22201	,				
	Tallahassee Fi	32301					

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/ Tim Mayville

Signature of Registered Agent