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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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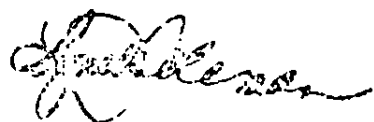
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2025 JAN -2 PM 3:22

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2025 JAN -2 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

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



ACCOUNT NO. : I20000000195

REFERENCE : 847608 5057825

AUTHORIZATION :

COST LIMIT : \$ 25.00

**RESUBMIT**

*please give original  
submission date as file date.*

ORDER DATE : December 18, 2024

ORDER TIME : 12:22 PM

ORDER NO. : 847608-010

CUSTOMER NO: 5057825

CHANGE OF AGENT

NAME: A-R HHC ORLANDO CONVENTION  
HOTEL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS: \_\_\_\_\_

**FILED**  
2025 JAN -2 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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.*

1. Name of the limited liability company: A-R HHC ORLANDO CONVENTION HOTEL, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1777 WALKER ST, STE 501

HOUSTON, TX 77010

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1777 WALKER ST, STE 501

HOUSTON, TX 77010

03/23/2007

M07000001721

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

C T CORPORATION SYSTEM

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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/Ira M. Mitzner

Ira M. Mitzner

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.*

Grace E. Kirby

Signature of Registered Agent Grace E. Kirby, Asst. Vice President

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