M010000004173

(Requestor's Name)							
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((City/State/Zip/Phone #)							
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

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.	Na	ame of the limited liability company: STARWOOD RE	SERV	ΑT	ONS LL	С					
2	(a)	7750 Wisconsin Avenue		7750 Wisconsin Avenue							
	(1.7)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		Bethesda, MD 20814			Bethesda, MD 20814						
		07/11/2007		M	10700000	04173					
3.		Date of filing/registration in Florida	4.			Document numb	er				
5.	(a)	Registered Agent and Registered Office shown on the records of the C T CORPORATION SYSTEM	he Florid	la E	Pept. of Sta	te:					
		Registered Office Address (MUST BE FLORIDA STREET AD					۳,	20			
		1200 SOUTH PINE ISLAND ROAD					L A	24 NC	77		
		PLANTATION	33324			_	HASS	2024 NOV 22	T		
	(b)						177				
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> Corporation Service Company	Office a	ddr	ess:	-	ĂLLAHASSEE, FLORIDA	PM 12: 02			
		NEW Registered Office Address:									
		1201 Hays Street									
		Tallahassee, FL_	32301			_					
ch ag wa	ange ent v as/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the oferating agreement of the liabere authorized.	register bility c the lind imited	red om nite lia	office ar pany, it i ed liabilit bility cor	nd the business of is hereby confirmative ty company or as	fice of that	the regithe cha	istered inge(s)		
_	Signa	ture of a member or authorized representative of a member	<u> </u>	ure	W P.C. V	Printed or typed na	me of sig	nee	 -		
I pr th to	here ovisi e obl mere	by accept the appointment as registered agent and agre one of all statutes relative to the proper and complete p instances of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	ve to ac perform for in pereby c	et ir ian Ch con,	this cap ce of my apter 60. firm that	oacity. I further as	ree to	comply	with the and accept eing filed as been		
Si	gnatu	re of Registered Agent									
G	race	E. Kirby, Asst. Vice President Division of Corporations • P.O. B	ox 632	:7• - ^	Tallaha	issee, FL 32314					

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