

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Busiliess Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
Office Use Only							



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: October 13, 2017

Order#: 857771-016

Re: HOLLYWOOD HOTEL TRS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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	me of the limited liability company: HOLLYWOOD H	OTEL T	RS LLC				
2.	(a)	410 W. Francis Street	(b)	410 W.	Francis Street			
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		Williamsburg, VA 23185		Williamsburg, VA 23185				
		08/28/2007_		M07000005270				
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	C T Corporation System						
٠, د	(α)	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept, of State	:			
		1200 South Pine Island Road						
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		TALLA			ال نائة
	(b)	Plantation .FL_	33324			SSSY!	18	1
		Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered C	Nec			05 St	AH IO:	
			mee aud	fice address:			23	
		1201 Hays Street						
		NEW Registered Office Address:						
		Tallahassee , FL_	32301					
the ag- wa	cha ent w s/we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist pility cor the limi	ered office npany, it is ted liability	and the business of hereby confirmed to company or as other	fice of that the o	he reg :hange	istered e(s)
		Xie & Cionii	Jill C	ilmi, Author	ized Person			
		ure of a member or authorized representative of a member			Printed or typed name of	_		
Il pro the to no	iereb ovisio obli mere tifiea	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	e to act i erforma for in Ci ereby coi	in this capa nce of my a hapter 605, nfirm that t	icity. I further agred luties, and I am fam. F.S. Or, if this doc he limited liability c	e to com iliar wit cument i company	ply wi h and s bein has h	ith the accept g filed seen
. C.	<u>)</u>	Drace C-Kubi	DIV C	p- 101		B /:		
21	znatur	e of Registered Agent Corporation Service Company	BY: Gr	ace E. Kirl	by, Assistant Vice	Preside	ent	