## MONODO

(Requestor's Name)	<u> </u>				
(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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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@cscqlobal.com

Date: October 13, 2017

Order#: 857771-036

Re: MHI HOSPITALITY TRS II, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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. N	ame of the limited liability company: MHI HOSPITAL	LITY TRS	II, LLC		
2. (a)	410 W. Francis Street	(b)	410 W. Francis St	reet	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	Mailing addre	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Williamsburg, VA 23185		Williamsburg, VA 23	3185	
	08/28/2007		M07000005276		
3.	Date of filing/registration in Florida	4.	Document	t number	
5. (a)	C T Corporation System				
(11)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:		
	1200 South Pine Island Road				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	<del></del>		
	Plantation . FI.	33324	<del></del>	7 See 17	
(b)	Corporation Service Company				
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		
	1201 Hays Street				
	NEW Registered Office Address:			MG 209	
	Tallahassee	, 32301			
the cha agent was/w	limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regist ability cor of the limit	ered office and the bu npany, it is hereby co ed liability company	usiness office of the registered onfirmed that the change(s)	
~.	Xie E Coni	Jill C	lmi, Authorized Perso		
-	ature of a member or authorized representative of a member			yped name of signee	
provis the ob to mer notifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ligations of my position as registered office address, I is din writing of this change.	ree to act i performa d for in Ci hereby coi	n this capacity. I fur nce of my duties, and napter 605, F.S. Or, nfirm that the limited	ther agree to comply with the I am familiar with and accept if this document is being filed Itability company has heen	
	Line of Registered Agent Corporation Service Company				
Signati	ire of Registered Agent Corporation Service Company	BY: Gra	ace E. Kirby, Assist	ant Vice President	