07/00/00/059

(Requestor's Name)
(Address)
(Hadicas)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D. Janes Falin, Nama)
(Business Entity Name)
(Document Number)
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115 PCALHOUN ST., STE. 4
TALLAMASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

 $\{ v_i \}$

Account#: 120000000088

Date:	06/04/2021	
	Chris Vick	_
Reference #:		_
		FELCOR TRS HOLDINGS, L.L.C. ation/Authorization to Transact Business
 ☐ Amen	dment	
✓ Chang	ge of Agent	
☐ Reins	tatement	
Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A Signature:	mount \$25.00	

F: 800.944.6607

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

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limit (Note: MAYBE PO			•
No Change	N	o Change	-		
12/3/2007		M07000007059			
Date of filing/registration in Florida	4.	Document number	•		
CORPORATE CREATIONS NETWORK IN	IC				
Registered Agent and Registered Office shown on the records of	î the Florida De	pt, of State:			
801 US HIGHWAY 1					
Registered Office Address IMUST BE FLORIDA STREET	"ADDRESS)				
				282	
NORTH PALM BEACH . F	L_33408		第四条数のので	2821 JUH -4 AM 10: 10	•
COGENCY GLOBAL INC.			4 <u>1.</u> 35.	+	
Enter name of NEW Registered Agent and/or NEW Registered	d Office addres	<u>x</u> :		-	
			11.15 11.15	<u>:</u>	
115 North Calhoun St., Suite 4				0	
NEW Registered Office Address:					
Tallahassee, F	, 32301				
Tallanaceae	[0200				

/s/ Frederick D. McKalip

Frederick D. McKalip

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