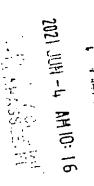


	<u> </u>		
	(Ke	questor's Name)	ı
	(Add	dress)	
	(Add	dress)	
	(Cit	y/State/Zip/Phor	ne #)
P	ICK-UP	☐ WAIT	MAIL
<u> </u>			
	(Bu	siness Entity Na	me)
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Special Instr	uctions to	Filing Officer:	

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115 N°CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COSENCYGLOBAL.COM

Account#: I20000000088

Date:	06/04/2021	
Name:		_
Reference #	1378999	_
Entity Name	FELCOR ST.	PETE (SPE), L.L.C.
Article	es of Incorporation/Authorization	to Transact Business
Amer	ndment	
✓ Chan	ge of Agent	
Reins	statement	
Conv	ersion	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictiti	ous Name	
Other		
Authorized A	Amount \$25.00	

NY NY 10016 D: +1,212.947.7200 P: 800.221.0102 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

. (a)		(t	n)		_
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	No Change		No Change		
	12/3/2007		M0700000706	50	_
	Date of filing/registration in Florida	4.	Document	t number	
. (a)	CORPORATE CREATIONS NETWORK IN	1C			
. , (41,	Registered Agent and Registered Office shown on the records of	t the Florida	a Dept. of State:		
	801 US HIGHWAY 1				
	Registered Office Address (MUST BE FLORIDA STREET)	<u>n</u>	2021		
	NORTH PALM BEACH	_L 33408	3	2021 JUN -4 AM IU	, este
(b)	COGENCY GLOBAL INC.			>> *	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	dress:			
	115 North Calhoun St., Suite 4		AMIU: 16	•	
	NEW Registered Office Address:				
		20204			
	Tallahassee _H	L_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/ 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

Tim Mayville, Assistant Secretary
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00