## M08000001991

(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
<b>—</b>		ليبيا		
(Business Entity Name)				
(Document Number)				
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Certified Copies	_ Certificates	of Status		
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Office Use Only



04/06/18--01021--024 \*#25.00



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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: Ami Casper ami.casper@cscglobal.com

Date: April 4, 2018

Order#: 139038-108

Re: WOODSPRING SUITES JACKSONVILLE I-95 NORTH 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: Ami Casper 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.

OUCA.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: WOODSPRIN	NG SUITES JACK	SONVILLE I-95 NORTH LLC	
2. (a)	8621 E. 21st Street North, Suite 250	(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Wichita, KS 67206			
	04/25/2008	M08	000001991	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Cogency Global Inc			
, ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	155 Office Plaza Drive			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
			CS CS	
	Tallahassee , F	FL <u>32301</u>	APR -	
(b)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:	<u> </u>	
	1201 Hays Street		÷ 5	
	NEW Registered Office Address:		<del></del>	
	T		<del></del>	
	Tallahassee	EL_32301		
the cha agent was/w	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered of liability company of the limited lia	office and the business office of the registered to it is hereby confirmed that the change(s) ability company or as otherwise provided in	
	_aura Schoenberger	Laura Sch	oenberger, Authorized Person	
_	ture of a member or authorized representative of a member		Printed or typed name of signee	
I here provis the ob- to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provided ely reflect a change in the registered office address, d in writing of this change	gree to act in this le performance o led for in Chapte I hereby confirm	s capacity. I further agree to comply with the fay duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been	
Signati	are of Registered Agent Corporation Service Company	RV: Ami M	Casper, Asst. Vice President	
	Corporation Service Company	DI. Alli M.	Casper, Assi. Vice i resident	