

MD8000004233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

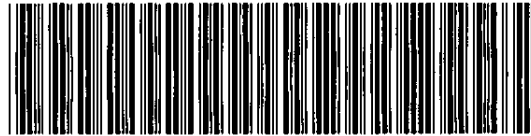
(Business Entity Name)

(Document Number)

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14 MAR 13 PM 1:50

FILED
2014 MAR 13 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 18 2013
T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 049677 7586533

AUTHORIZATION :

COST LIMIT : \$ 25000

ORDER DATE : March 12, 2014

ORDER TIME : 9:03 AM

ORDER NO. : 049677-010

CUSTOMER NO: 7586533

CHANGE OF AGENT

NAME: LODGING CONCESSIONS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Christina Hallak

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lodging Concessions, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suzanne McClendon

Name of Person

Lodging Concessions, LLC

Firm/Company

100 Dunbar Street, Suite 402

Address

Spartanburg, SC 29306

City/State and Zip Code

smcclendon@otodevelopment.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne McClendon

Name of Person

at (864) 699-4573

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

049677-10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2014

CSC
CHRISTINA HALLAK

RESUBMIT

Please give original
submission date as file date.

SUBJECT: LODGING CONCESSIONS, LLC
Ref. Number: M08000004233

We have received your document for LODGING CONCESSIONS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 514A00005590

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DEPARTMENT OF STATE
14 MAR 17 14 MAR 07 PM 1:53

**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. Name of the limited liability company: Lodging Concessions, LLC

2. (a) 515 Audbon Road (b) 100 Dunbar Street Suite 402
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Spartanburg, SC 29302

Spartanburg, SC 29306

3. September 17, 2008 4. M08000004233
Date of filing/registration in Florida Document number

5. (a) CT Corporation System
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)

Plantation, FL 33324

(b) Corporation Service Company
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street
NEW Registered Office Address:

Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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.


Signature of a member or authorized representative of a member

Todd R. Turner
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.


Signature of Registered Agent Corporation Service Company

BY: Sue G. Knight
Assistant Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00