M10000001548

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (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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Office Use Only



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2021 JOH - 14 - AMTH: 5

RARDICHS

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

Account#: 120000000088

| Date: _ | 06/04/2021 | | | | | | | |
|----------|---|--------------------|--|--|--|--|--|--|
| Name: | Chris Vick | - | | | | | | |
| Refere | nce #:1378999 | _ | | | | | | |
| Entity N | Name: RLJ III - EM TAN | IPA DT LESSEE, LLC | | | | | | |
| | ☐ Articles of Incorporation/Authorization to Transact Business ☐ Amendment ☑ Change of Agent ☐ Reinstatement ☐ Conversion | | | | | | | |
| | Merger | | | | | | | |
| | Dissolution/Withdrawal | | | | | | | |
| | Fictitious Name | | | | | | | |
| | Other | | | | | | | |
| Authori | zed Amount: \$25.00 | | | | | | | |

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

| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | (b) | | | | |
|-------|---|-------------------|-----------------|--|--|--|--|
| | No Change | | o Change | | | | |
| | 4/2/2010 | _ | M10000001548 | | | | |
| | Date of filing/registration in Florida | 4, | Document number | | | | |
| . (a) | Corporate Creations Network Inc. Registered Agent and Registered Office shown on the records of 801 US HIGHWAY 1 Registered Office Address (MUST BE FLORIDA STREET) | | it. of State: | | | | |
| | NORTH PALM BEACH | 1 33408 | 2021 | | | | |
| (h) | COGENCY GLOBAL INC. | | 2021 JUH - 1 | | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | ed Office address | i co | | | | |
| | 115 North Calhoun St., Suite 4 | | AN C | | | | |
| | NEW Registered Office Address: | | | | | | |
| | | | | | | | |

| | | | lcKali | |
|--|--|--|--------|--|
| | | | | |
| | | | | |
| | | | | |

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