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(Red	questor's Name)	
(Add	lress)	
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(Add	Iress)	
(City	/State/Zip/Phone #))
PICK-UP	WAIT	MAIL MAIL
		
(Bus	iness Entity Name)	
(DOC	ument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filir	ng Officer:	
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 641500 7702521 AUTHORIZATION COST LIMIT ORDER DATE: April 27, 2022 ORDER TIME : 2:55 PM ORDER NO. : 641500-052 CUSTOMER NO: 7702521 CHANGE OF AGENT NAME: ROSDEV HOSPITALITY U.S., LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX_____ PLAIN STAMPED COPY CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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.

	me of the limited liability company: ROSDEV HOSPIT 7077 PARK AVE		7077 PAI	RK AVF
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 600		STE 600	
	MONTREAL, QUEBEC H3N 1X7 CAN, XX CANAD-A XX		MONTREA	AL, QUEBEC H3N 1X7 CAN, XX CANAD-A XX
	05/05/2010		M1000000	2030
i.	Date of filing/registration in Florida	4.		Document number
i. (a)	MICHAEL I. BERNSTEIN, P.A.			
· (u)	Registered Agent and Registered Office shown on the records of the 1688 MERIDIAN AVE	Florid	la Dept. of State	- v: -
	Registered Office Address (MUST BE FLORIDA STREET AD STE 418	<u>DRES</u>	<u>(S)</u>	
	MIAMI BEACH FL	3139		-
	Corporation Service Company NEW Registered Office Address:			-
	1201 Hays Street			
	· · · · · · · · · · · · · · · · · · ·			-
	Tallahassee .FL 32	2301		
hange igent w vas/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the regill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the operating agreement of the line.	gister lity co he lin	ed office and ompany, it is nited liability	d the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	Je C'One	Jill	Cilmi, Autho	rized Person
_	ure of a nember or authorized representative of a member			Printed or typed name of signee
rovisio he obli o mere	ver accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided for reflect a change in the registered office address. I her in writing of this change.	rform	once of my o	buties, and Lam familiar with and accept
Signatur	e of Registered Agent	Gra	ce E. Kirby,	Asst. Vice President