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SECRETARY OF STATE
ALLAHASSEE FLORIDA



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: November 10, 2017

Order#: 892958-049

Re: NORTHWOOD HOSPITALITY 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: Grace Kirby

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.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED L'IABILITY 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.

١.	Na	me of the limited liability company:	NORTHWOOD H	OSPIT	ALITY LLC			
2.	(a)	1819 Wazee, 2nd Floor  Principal office address of limited lia  (Note: MUST BE STREET A		_ (b		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_	
		Denver CO	80202	_			_	
7		06/20/2011	Pleside	-	M1100000	03130 Document number	_	
3.		Date of filing/registration in	гюнца	4.		Document number		
5.	(a)	C T Corporation System						
		Registered Agent and Registered Office show	on the records of the	e Florida	Dept. of State	:		
		1200 South Pine Island Road						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			TT NOV 15 SEGRETARY ALL AHASSE			
		Plantation	, FL	33324		VIS TASS		
(b)		Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Registered Office address:  1201 Hays Street			lress:	AM 7: 14 OF STATE EE.FLORIDA		
		NEW Registered Office Address:		<del></del>	<del></del>			
ıc	.1 1		, FL		Chair of File			
the ag	e cha ent v is/we	vill be identical. Or, in the case of a F	street address of the Florida limited liab of the members of agreement of the li	he regis bility co the lim mited li	stered office ompany, it is ited liability iability com	and the business office of the registeres hereby confirmed that the change(s) company or as otherwise provided in	:d	
-	Signa	ture of a member or authorized representative		3111 C	Ziirii, Autiloi	Printed or typed name of signee	_	
pr the to no	ovisi e obl mer tified	ons of all statutes relative to the prop igations of my position as registered of the reflect a change in the registered of I in writing of this change.	er and complete p agent as provided office address, I he	erforma for in C ereby co	ance of my o Chapter 605 Onfirm that i	acity. I further agree to comply with th duties, and I am familiar with and acce, , F.S. Or, if this document is being file the limited liability company has been	e ot d	
Si	gnatu	Than Tokuble re of Registered Agent Corporation Serv	vice Company	BY: G	race E. Kir	by, Asst. Vice President		