M11000 003 737

/Do	questor's Name)	
(Re	questors Name)	
(8.1		
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
•		
_		

Office Use Only



100334946741

10/07/19--01038--002 **25.0

19 001 -7 PH H : 2

OCT 2 6 2019 S. YOUNG

COVER LETTER

TO:

Registration Section

Divi	sion of Corporations					
SUBJECT:	SOUTH BEACH HOSPITALITY, LLC Name of Limited Liability Company					
SOBJECT.						
Dear Sir or A	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change and t	ee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to the f	ollowing:			
JOHN GU	ARNIFRI					
	Name of Person		_			
COLITUR	EACH HOSPITALITY					
			_			
	Firm/Company					
1691 MIC	HIGAN AVE STE 325					
	Address		_			
МІАМІ ВЕ	ACH, FL 33139					
	City/State and Zip Code		_			
john@knrl	nospitality.com					
E-mail	address: (to be used for future and	nual report notific	cation)			
For further in	nformation concerning this matter,	please call:				
JOHN GU	ARNIERI	305	305-695-0288 Ext 19年 105			
	Name of Person		Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Reg Div P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Encl	losed is a check for the following	amount:				
2 4 \$2	25 Filing Fee	□ \$5 <u>:</u>	Filing Fee & Certified Copy			
INHS18 (2/14	·)					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability corsubmits the following statement in order to change its registered office or registered agent, or both, in the St Florida.

. Na	ime of the limited liability company:	CH HOSPITAL	ITY, LLC	
. (a)	·	(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)	
	1691 MICHIGAN AVE STE 325	1691 MICHIGAN AVE STE 325		
	MIAMI BEACH, FL 33139	MIAM	II BEACH, FL 33139	
	7-25-11	M1100	0003737	
	Date of filing/registration in Florida	4,	Document number	
. (a)	UNITED CORPORATE SERVICES INC			
. (11)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	State:	
	UNITED CORPORATE SERVICES INC			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	— [A] 2] 19	
	9200 SOUTH DADELAND BLVD STE 508			
	MIAMI .F	33156		
	NICOLA SIERVO	•	T-7 P	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	PH 11: 20	
	NEW Registered Office Address:			
	1691 MICHIGAN AVE STE 325	 		
	MIAMI BEACH	_{1.} 33139		
he cha gent v vas/we he arti	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address. I	f the registered of iability company. of the limited liability company.	fice and the business office of the register it is hereby confirmed that the change(s) illity company or as otherwise provided in company. CO/A Sie VV Printed or typed name of signee	