M12000000554

(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:	

Office Use Only



000273351810

RECEIVED
RECEIVED

2015 JUN 24 A 10: 23
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

JUN 25 2015 1. BRUCE

ORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 663972

7938021

AUTHORIZATION

ORDER DATE: June 10, 2015

ORDER TIME : 10:09 AM

ORDER NO. : 663972-020

CUSTOMER NO: 7938021

CHANGE OF AGENT

NAME: OMEGA HOSPITALITY LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

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.

3. 5. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) 901 FORT MYER DR ST 1RUNG TON VA 222 01/30/2012 Date of filing/registration in Florida	= 1012 -09	Mailing (<u>Not</u> 1901 F	EXCEL Consider the state of the	iability comp OFFICE BO	any: D STE
3. 5. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) 901 FORT MYER DR ST 1RUNG TON VA 222 01/30/2012	E 1012	Mailing (Note 1901 F ARL. 20	address of limited le: MAY BE POST	iability comp OFFICE BO	any: D STE
3. 5. (a)	01/30/2012		ARL. NO	670, L		
3. 5. (a)	01/30/2012		ARL. NO	670, L		
5. (a)			M1200000055	-4		
5. (a)	Date of filing/registration in Florida			04		
. ,		4.	Docu	ment number		
. ,	DEEPAK SHARMA					
•	stered Agent and Registered Office shown on the record	ds of the Florida Dep	ot. of State:			
Regi	istered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)				
_ 1	1262 Old St. Augustine Road					
.la	cksonville	.FL 32257				
		, FL <u>32237</u>				
(b) <u>Co</u>	rporation Service Company			, ZS	2	
Enter	name of NEW Registered Agent and/or NEW Regist	ered Office address	:	LL CH	2015	inculating
				ECRETAR) LAHASSI		
	01 Hays Street Y Registered Office Address:	<u> </u>		ARY SSE	2	
<u> </u>	T Kegistered (Mitte Madress)			E OF	ĩ	η
		\$			<u>⇔</u> ;	フ
				TATE ORID		
Tail	lahassee	, FL <u>32301</u>		Ā	23	