M12000001738

(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:						

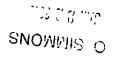
Office Use Only



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01/22/16--01001--025 ++25.00







CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 17, 2018

Order#: 010268-069

Re: SAND 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: Ami Casper 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 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.

1.	Na	ame of the limited liability company: SAND HOSPITAL	_ITY,_LI	-C	
2.	(a)	366 South 10th Avenue	(b)	
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. ("		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Waite Park, MN 56387	-		
		03/26/2012	_	M1200000	1738
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Tyrone Suites, L.L.C.			٠
	` '	Registered Agent and Registered Office shown on the records of the	: Florida	Dept. of State	0
		3831 Tyrone Boulevard, Suite 104			
		Registered Office Address (MUST BE FLORIDA STREET AD	DRESS	<u> </u>	22
					7
		St. Determina	00700		
		St. Petersburg , FL_	33709		S. Co
	(b)	Corporation Service Company			
	(0)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	lress:	
		1201 Hays Street			
		NEW Registered Office Address:			
		Tallahassee , FL_	32301		
the age wa	cha ent w s/we	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of the class of organization or the operating agreement of the line	ne regis ility co the limi	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		Xie E. alnie	Jill C	ilmi, Author	ized Person
- 5	Signat	ture of a member or authorized representative of a member			Printed or typed name of signee
pro the to	ovisi Pobli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided fely reflect a change in the registered office address. I her	e to act erforma for in C reby co	in this capa ince of my d hapter 605, infirm that ti	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
c:		Te of Basiyand Assay C	D37. A	-: M C	an Arm Was Decided
31	gnatui	re of Registered Agent Corporation Service Company F	oyY:Ar	nı M. Casp	er, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00