40P1000001904

(Re	equestor's Name)					
(Ad	idress)					
(Ad	ldress)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	MAIT	MAIL				
(Bu	usiness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



800306755348

12/20/17--01017--006 **25.00

17 DEC 20 AM ID: 32

S. WARREN DEC 21 2017



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: December 18, 2017

Order#: 951103-066

Re: HOLIDAY HOSPITALITY FRANCHISING, 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.

OUCA.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. 1	Name of the limited	Hiability compa	any: HOLIDAY HO	SPITALITY	FRANCHIS	ING, LLC			
2. (a) Three Ravinia D	rive. Suite 100		(b)	c/o Lega	Dept., Three F	Ravinia Drive, Suite 100		
J. (4	Principal off	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	c/o Legal Dept., Three Ravinia Drive. Suite 100 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Atlanta	GA	30346		Atlanta,	GA	30346		
_	04/04/2012				M1200000	··-			
3.	Date of	filing/registration	on in Florida	4.		Document numb	per		
5. (a									
	Registered Agent an	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	1200 South Pin	ne Island Road							
	Registered Office A	ddress (MUST	BE FLORIDA STREE	T ADDRESS)					
						,			
	Plantation		, F	L 33324		·	FIL 7 DEC 20		
(b)							(ii) (m)		
	Enter name of <u>NEW</u>	Registered Agent	and/or <u>NEW Register</u>	ed Office add	ress:				
	1201 Hays Stree	et					\$2 100		
	NEW Registered Of	flice Address:					·-		
	Tallahassee		, F	L 32301					
the cl agent was/v	nange or changes ar will be identical. (e made, the Flo Or, in the case o an affirmative v	rida street address of of a Florida limited tote of the members	of the regist liability cor of the limit e limited lia	ered office a npany, it is hed liability of ability comp	and the business hereby confirmation or as a company or as a any.	confirmed that after s office of the registered ed that the change(s) otherwise provided in		
Signature of a member or authorized representative of a member			<u> </u>	Jill Cilmi, Authorized Person Printed or typed name of signee					
the ol to me notifi	sions of all stanties bligations of my pos relv reflect a chang ed in writing of this	relative to the position as registed in the registed change.	proper and complete red agent as provid red office address, .	led for in Cl led for in Cl l hereby cor	n this capac nce of my du napter 605, i nfirm that th	ity. I further a ties, and I am f F.S. Or, if this e limited liabili	gree to comply with the amiliar with and accept document is being filed ty company has been		
Signat	Unaza CKWbl ture of Registered Agent	Corporation	Service Company	BY: Gra	ace E. Kirb	y, Asst. Vice I	President		