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From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone : (561)508-5033

Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		

LLC REGISTERED AGENT CHANGE HOLIDAY HOSPITALITY FRANCHISING, LLC

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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: HOLIDAY HOS	SPITAL	TY FRANC	CHISING, LLC				
2. (a)	THREE RAVINIA DRIVE, STE. 100		(b) THREE RAVINIA DRIVE, STE. 100					
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)			y;		
	ATLANTA, GA 30346		ATLAN	KTA, GA 30346				
	04/04/2012		M120000	001904				
3.	Date of filing/registration in Florida			Document number				
5. (a)	CORPORATION SERVICE COMPANY							
, ,	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	State:						
	Registered Office Address MUST BE FLORIDA STREET	_ _	20'					
		L_32301			2020 DEC -2	· .=4		
(b)		United Agent Group Inc.						
	Enter name of NEW Registered Agent and/or NEW Registers	ed Office	address:		<u> </u>	هند صدره		
	801 US Highway 1		11 :01 HV					
	NEW Registered Office Address:							
	North Palm Beach , F	L_33408	3					
agent was/w	imited liability company is not organized under the later conchanges are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne regist liability i of the l	ered office company, i imited liab	and the business office of it is hereby confirmed that ility company or as othery	the registere t the change	(s)		
Alkand Westell			1arie Heitzm	nan, Attorney-In-Pact				
	rure of a member or authorized representative of a member			Printed or typed name of s				
the ob- to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, a d in writing of this change.	gree to d le perfor led for it I hereby	act in this c mance of n n Chapter (confirm th	apacity. I further agree to my duties, and I am familio 505, F.S. Or, if this documat the limited liability con	o comply with and a comply with and a complete to be completed and the complete to the complet	h the iccept filed en		
A.U. Signati	Marie Heitzman, Special Secreta.	ΓY						

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