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Account#: I20000000088

Date:	06/04/2021	
Name:	01 : 14: 1	
Reference #	1378999	
		E ES HOTEL, L.L.C.
☐ Articl	les of Incorporation/Authorization to	Transact Business
☐ Amer	ndment	
✓ Chan	nge of Agent	
Reins	statement	
☐ Conv	version	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
Othe	r	
Authorized A	Amoun! \$25.90	

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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

ι) .	AV	(b) _	Mailing address of limited liab		
	Principal office address of limited liability company: (Note: MUST BE STREET (DDRESS)		(Note: MAY BE POST OF	•	•
	No Change	<u>N</u>	lo Change		
	9/6/2012		M12000005019		
	Date of tiling/registration in Florida	4.	Document number		
a)	CORPORATE CREATIONS NETWORK I	NC			
. ,	Registered Agent and Registered Office shown on the records	of the Florida De	pt. of State:		
	801 US HIGHWAY 1				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		~	
	NORTH PALM BEACH	FL_33408		1- NNF 1202	••
)	COGENCY GLOBAL INC.		25 Sec. 17.5	+	
,	Enter name of NEW Registered Agent and/or NEW Register	red Office addres	<u>w</u> :	PH	ĵ
	115 North Calhoun St., Suite 4		다. [편집	PH 1: 20	£
	NEW Registered Office Address:			٥	
	Tallahassee				

đ the articles of organization or the operating agreement of the limited liability company.

/s/ Frederick D. McKalip

Frederick D. McKalip

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

/s/ Tim Mayville

Signature of Registered Agent

Tim Mayville, Assistant Secretary Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **FILING FEE: \$25.00**