M13000003371

| (Requestor's Name) | | | | | | |
|---|--------------------|-------------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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SECRETARY OF STATE PLORED

K. SALY APR 9 2018



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: April 4, 2018

Order#: 139038-086

Re: WOODSPRING SUITES FORT MYERS NORTHEAST 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 | me of the limited liability company: WOODSPRING | SUITES | FORT MY | ERS NORTHEAST LLC |
|--|------------------------------|---|-------------------------------------|--|--|
| 2. (a |) | 8621 E. 21st Street North, Suite 250 | _ (b) | | |
| ` | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | - (-) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | Wichita, KS 67206 | - | | |
| | | 05/28/2013 | | M130000 | 03371 |
| 3. | | Date of filing/registration in Florida | 4. | | Document number |
| 5. (| a) | Cogency Global Inc | | | |
| | | Registered Agent and Registered Office shown on the records of the | e Florida | Dept. of State | : |
| | | 155 Office Plaza Drive | | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | ځ | |
| | | Tallahassee , FL | 32301 | | SECOND TO THE PARTY OF THE PART |
| (b |) . | Corporation Service Company | | | 芸芸で言 |
| | | Enter name of NEW Registered Agent and/or NEW Registered O | ffice add | ress: | A-6 P |
| | | 1201 Hays Street | | | PN 1: 53 FELORIDA |
| | | NEW Registered Office Address: | | | ROA SS |
| | | Tallahassaa | 22204 | | |
| | | Tallahassee , FL | 32301 | | |
| the cl agent was/v | hai w we | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | he regist pility cor the limi | ered office npany, it is ted liability | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in |
| | | ra Schoenberger are of a member or authorized representative of a member | Laura | Schoenbe | erger, Authorized Person |
| I her provi the o to me notifi | eb sid bli re ed | y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change | | | Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept i.F.S. Or, if this document is being filed the limited liability company has been oer, Asst. Vice President |
| | | | , | | , |

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