M14000002650

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
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DIVISION OF COMPORATIONS

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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#: 139038-084

Re: WOODSPRING SUITES FORT LAUDERDALE 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 LAL	JDERDALE LLC
2.	(a)	8621 E. 21st Street North, Suite 250	_ (b)	
	(- <i>)</i> .	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			
		04/16/2014	-	M140000	02650
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	ne Florida	Dept, of State	: :-
		155 Office Plaza Drive			9
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					SECRETA NEIGH OF
		Tallahassee FL_	32301	<u> </u>	CARDRATIONS -6 MILL: TA
	(b)	Corporation Service Company	. <u></u>		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ado	<u>lress</u> :	A RE
		1201 Hays Street			
		NEW Registered Office Address:			
		Tallahassee F1	32301	7, 7, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	
the age wa	cha: ent w s/we	mited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	s of the the regis bility co	stered office mpany, it is ited liability	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		aura Schoenberger	/s/ L	aura Schoe	nberger, Authorized Person
I h pro the to t not	ereb ovisio obli mere ified	ov accept the appointment as registered agent and agree of all statutes relative to the proper and complete programment of all statutes relative to the proper and complete programment of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change. The of Registered Agent Corporation Service Company	performo for in C erehy co	ance of my d Chapter 605 Onfirm that i	Printed or typed name of signee active. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been per, Asst. Vice President