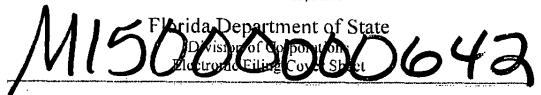
11/15/2016

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000281453 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Fax Number

: (954)208-0845

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

Email	Address:			
CINGLE	MUUI C33.			

LLC REGISTERED AGENT CHANGE SPIRIDES HOSPITALITY FINANCE COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

Hep SIMMONS NOV 16 2016

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ:	Spirides Hospitality Finance Compan	y,LLC					
	Nain	e of Limited	Liability Company				
Dear S	Sir or Madam:						
The e	nclosed Registered Agent/Registered Offi	ce Change a	nd fce(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to the	he following:				
Harry	Spirides						
	Name of Person		— 				
Spirid	es Hospitality Finance Company, LLC						
	Firm/Company		·· ·········				
100 S	Ashley Dr Ste 600						
	Address						
Tamp	a, FL 33602-5300						
	City/State and Zip Code						
harry(Phospitality-finance.com						
	E-mail address: (to be used for future ann	ual report no	otification)				
For fu	urther information concerning this matter,	please call;					
Harry	Spirides	813 at (327-5101				
	Name of Person	142 april 1 april 1	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following	closed is a check for the following amount:					
	□ \$25 Filing Fee		\$55 Filing Fee & Certified Copy				
INIIS	18 (2/14)						

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.

l. Na		itality Finance Comp	any, LLC
2 (a)		(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)	
	100 S Ashley Dr Ste 600		
	Tampa, FL 33602-5300		
	01/26/2015	. M1500	0000642
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT CORPORATION SYSTEM		
	Registered Agent and Registered Office shown on the records	f State:	
	Registered Office Address (MUST BE FLORIDA STREE	TELLED 16 NOV 15 AM 9: 38 OLYTSION OF CONFORMIONS	
	1200 SOUTH PINE ISLAND ROAD	5 5	
	Planation	FL 33324	
(b)	76 Gul 21		
(6)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office address:	38
	NEW Registered Office Address:		
	100 S Ashley Dr. Ste 600		
	Tampa	FL 33602-5300	
the cha agent v was/was/wathe art	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	s of the registered of d liability company ers of the limited lia the limited liability	office and the business office of the registers, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
	tarme of a member or authorized representative of a member	Harry Spirie	Printed or typed name of signee
l here provis the ob- to mer	by accept the appointment as registered agent and jons of all statules relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change.	agree to act in this lete performance o ided for in Chapte s, I hereby confirm	