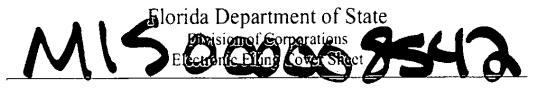
15:29570210



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.

(((H22000343373 3)))



H220003433733ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

		<i>∽</i> ~	
	To:	SECRETARY TALLAHAS	
	Division of Corporations	-	
	Fax Number : (850)617-6383		
	From:	ASSET	
	Account Name : REGISTERED AGENT SOLU	TIONS INC	
	Account Number : I20100000062	111	
	Phone : (888)705-7274	77 9	
	Fax Number : (888)706-7274	9: 38 STATE FL	
-0 1012:51	*Enter the email address for this business enti annual report mailings. Enter only one ema Email Address:	il address please.**	
		LLC REGISTERED AGENT CHANGE LAKELAND LODGING, LLC	
	Certificate of Status	0	
OCT - 7 WE	Certified Copy	0	
S. BRUNIE	Page Count	01	
20T - 7 WL	Estimated Charge	\$25.00	
$D_{C'}$			

Enclosed is a check for the following amount:

□ \$25 Filing Fee

→ 18506176383

pg 2 of 3 H22000343373 3

	COVER LETTER
TO: Registration Section Division of Corporations	•
_{suвјест:} Lakeland Lodgin	g, LLC
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Many Castilla	
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	-
Corporate Center One, 5301 Southwes	st Pkwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter,	, please call:
Mary Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Numbe
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

4 • 15139570210 → 1850

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. Name of the limited liability company: Lakeland L	Lodging, LLC
2. (a) 2390 TOWER DRIVE	(b) 2390 TOWER DRIVE
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MONROE, LA 71201	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) MONROE, LA 71201
10/23/2015 3. Date of filing/registration in Florida 5. (a) CAPITOL CORPORATE SERVIC Registered Agent and Registered Office shown on the records of the state of the segistered Office Address (MUST BE FLORIDA STREET) 2ND FL	M15000008542 4. Document number ES, INC he Florida Dept. of State: (DDRESS) 32301 32301
Suite A	
Tallahassee , FL If the limited liability company is not organized under the lay	32301
the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
s/ Dewey Weaver	Dewey Weaver Manager
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 agr provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I notified in writing of this change. Mackenzie Hart, Asst. Secretary	nerformance of my duties, and Laim familiar with and accept.
Signature of Registered Agent	