

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : REGISTERED AGENT SOLUTIONS INC
 Account Number : I20100000062
 Phone : (888)705-7274
 Fax Number : (888)706-7274

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 2022 OCT -6 AM 9:38
 SECRETARY OF STATE
 TALLAHASSEE, FL

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

Email Address: _____

LLC REGISTERED AGENT CHANGE
LAKELAND LODGING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. BRUMBLEY
OCT -7 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lakeland Lodging, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

Corporate Center One, 5301 Southwest Pkwy, Ste 400

Address

Austin, TX 78735

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

Name of Person

at (888) 705-7274

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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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 Florida.

1. Name of the limited liability company: Lakeland 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

M15000008542

3. Date of filing/registration in Florida

4. Document number

5. (a) CAPITOL CORPORATE SERVICES, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

515 EAST PARK AVENUE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2ND FL

TALLAHASSEE, FL 32301

(b) Registered Agent Solutions, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

155 Office Plaza Dr.

NEW Registered Office Address:

Suite A

Tallahassee, FL 32301

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Dewey Weaver

Signature of a member or authorized representative of a member

Dewey Weaver

Manager

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, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hart Mackenzie Hart, Asst. Secretary

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00