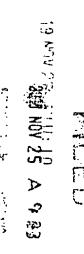
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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson -- EXT#

ACCOUNT NO. : I2000000195 REFERENCE: 060906 AUTHORIZATION : COST LIMIT : ORDER DATE: November 22, 2019 ORDER TIME : 9:44 AM ORDER NO. : 060906-005 CUSTOMER NO: 7894747 CHANGE OF AGENT NAME: CENTRAL FLORIDA HOSPITALITY SERVICES, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY

EXAMINER:

.

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. N	ame of the limited liability company: CENTRAL FLOR	RIDA HO	SPITALITY	SERVICES, LLC	
2 (a)	900 OLD DAWSON VILLAGE ROAD EAST	_ (b)	P.O. B0	OX 25	
2. (4)	Principal office address of limited liability company:	_ (0)		Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)	
	STE 120	_	STATES	BORO, GA 30459	
	DAWSONVILLE, GA 30534	_			
	11/5/2015	_	M150000	008942	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	C T CORPORATION SYSTEM				
J. (u	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		<i>-</i>			
	PLANTATION	33324		7' · 55	
(b)	Corporation Service Company				
(47)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:	NOV 2	
				\$ 5 E	
	1201 Hays Street			★ →	
	NEW Registered Office Address:				
	Tallahassee .FL	32301			
	-		_		
the cha	imited liability company is not organized under the lawsange or changes are made, the Florida street address of t	he regist	ered office	and the business office of the registered	
was/w	will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of	the limit	ed liability	company or as otherwise provided in	
the art	icles of organization or the operating agreement of the li	imited lia	bility com	pany.	
	BXI		BREN	171-63	
Signa	ture of a member or authorized representative of a member		•	Printed or typed name of signee	
provis. the obj to mer	hy accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided lely reflect a change in the registered office address. I he	erforma	ice of my c	lutics, and I am familiar with and accept	
	d'in rigiting of this change.	DV /	Roxanno Asst Vice	e Turner President	
Signatu	re of Registered Agent Corporation Service Company	BY: '		TIVOLOUIN	