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6/1/16

NAME:

ORLANDO GATEWAY HOTEL GROUP, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:

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	Name of the limited liability company: Orlando Gat	eway H	otel Group	, LLC			
2. (a)		(t					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				dress of limited li	-	
,	1612 THOMAS AVENUE	•	1612 Th	HOMAS	AVENUE		
	CHARLOTTE, NC 2820		CHARL	OTTE, I	NC 2820		
	2/16/2016		M160000	01387			
3.	Date of filing/registration in Florida	4.		Docume	nt number		
5. (a)	Registered Agent and Registered Office shown on the records of Registered Agent Legal Services, LLC	fthe Florida	Dept. of State	• •			
	Registered Office Address (MUST BE FLORIDA STREET	2	•	·	52		
	155 Office Plaza Dr., Ste A	•.				ج ا	- Angelow
	Tallahassee Fi	32301			第三	yr ad garage garage	Milwer grame.
(b)					SEE.		Ш
(-)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	drysg:	•	: FES	<u>></u>	
	Florida Filing & Search Services, Inc.				STATE LORIO	සි ල	
	NEW Registered Office Address:			•	<i>F</i>	~	
	155 Office Plaza Dr., Ste A				,		
	Tallahassee, FI	32301					
the cha agent v was/we the arti	imited liability company is not organized under the la inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the three of a member or authorized representative of a member by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete ignations of my position as registered agent as provide lay reflect a change in the registered office address, I in writing of this change.	f the regis lability co of the lim e limited l	tered office mpany, it is ited liability iability com	and the hareby of companies pany.	business office confirmed that ty or as otherw a typed name of si	e of the r the char ise prov	egistered nge(s) ided in
	re of Registered Agent						

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00