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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, , ,				
(Document Number)				
Certified Copies Certificates of Status				
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: August 14, 2019

Order#: 872447-006

Re: CORTEZ HOTEL GROUP, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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: CORTEZ HOTE	L GROU	P. LLC
2. (a)	366 SOUTH 10TH AVE	(b)	366 SOUTH 10TH AVE
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	WAITE PARK, MN 56387	-	WAITE PARK, MN 56387
	09/06/2016	_	M16000007087
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	SHELLY, TOM E		
	Registered Agent and Registered Office shown on the records of the	he Florida l	Dept. of State:
	3831 TYRONE BLVD. N. SUITE 200		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
			74.0 P
	SAINT PETERSBURG , FL	33709	
(b) .	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered C	Office addr	BILLING 16 MIN.
	1201 Hays Street		32 32
	NEW Registered Office Address:		P
			
	Tallahassee	32301	
ne chai igent w vas/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of taill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the li	he registe bility com the limite	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	/s/ Michael C. Wendel	Micha	ael C. Wendel, Chief Manager
	are of a member or authorized representative of a member		Printed or typed name of signee
he obli o mere	y accept the appointment as registered agent and agreons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change	e to act in erforman for in Ch ereby con	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept tapter 605, F.S. Or, if this document is being filed after that the limited liability company has been
	Dinse L'Knol,		
Signature		BY: Gra	ice E. Kirby, Asst. Vice President

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