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Office Use Only



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SEP 1 7 2021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 992267 8150284

AUTHORIZATION : Smellelena

COST LIMIT : '\$25.00

ORDER DATE: September 9, 2021

ORDER TIME : 11:0 AM

ORDER NO. : 992267-003

CUSTOMER NO: 8150284

CHANGE OF AGENT

NAME: BONITA HOTEL PARTNERS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

(|a|)

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. 1	Name of the limited liability company: BONITA HOTE	EL PARTNER	S, LLC				
2. (a	4045 E SUNSHINE SUITE 200	(b) 4	(b) 4045 E SUNSHINE SUITE 200				
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	SPRINGFIELD, MO 65809	s	SPRINGFIELD, MO 65809				
							
	10/11/2016	M1	6000008111				
3.	Date of filing/registration in Florida	4.	Document n	umber			
5. (a)	Registered Agent and Registered Office shown on the records o REGISTERED AGENTS INC.	f the Florida Dep	pt. of State:		2		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				021		
	7901 4TH STREET NORTH SUITE 300				2021 SEP		
	ST. PETERSBURG , F	33702 L		•	9	- VIII s	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>s</u> :		PH 2: 13	; t g		
	Corporation Service Company						
	NEW Registered Office Address:						
	1201 Hays Street						
	Tallahassee Fi	L					
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered o iability compa of the limited	ffice and the busines any, it is hereby conf liability company or	s office of t	he regis	stered nge(s)	
	Xie E. Cieni	Jill Cilm	i, Authorized Person	ļ.			
_	nature of a member or authorized representative of a member		Printed or type	_			
provi: the ol to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I ed in writing of this change.	ree to act in to performance ed for in Chap hereby confir	his capacity. I furthe of my duties, and I o ster 605, F.S. Or, if I m that the limited lic	er agree to am familiar this docume ability comp	comply with ar ent is be oany ha	with the ad accept sing filed s been	
	Wrace Cokuby ure of Registered Agent		Grace E. Kirby, Ass	t Vice Presi	<u>dent</u>		
Signat	ture of Registered Agent						