M/600008759

(Requestor's Name)						
(Address)						
(Address)						
(Audiess)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Sasiness Emily Harrey						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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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: Ami Casper ami.casper@cscglobal.com

Date: April 11, 2018

Order#: 139038-203

Re: WOODSPRING SUITES WEST MELBOURNE I-95 LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

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: Ami Casper 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.

l.	. Name of the limited liability company: WOODSPRING SUITES WEST MELBOURNE I-95 LLC					
2.	(a)	8621 E. 21st Street North, Suite 250 Principal office address of limited liability company:	_ (b)		failing address of limited liability company:	
		(Note: MUST BE STREET ADDRESS)	_		(Note: MAY BE POST OFFICE BOX)	
		Wichita, KS 67206	_			
		10/31/2016	_	M1600000)8759	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	Cogency Global Inc				
		Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	:	
		115 North Calhoun Street, Suite 4				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		Tallahassee , FL_	32301			
	(b)	Corporation Service Company			20 00000	
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office add	ress:		
		1201 Hays Street NEW Registered Office Address:				
		Tallahassee , FL_	32301			
the ag wa	e cha ent w is/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist pility con the limi	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
/s/ Laura Schoenberger Laura Schoenberger Signature of a member or authorized representative of a member				 	erger, Authorized Person	
	Signat	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 accepted obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filt 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.						
Signature of Registered Agent Corporation Service Company BY: Ami M. Casper, Asst. Vice President						

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