Mn0000010995

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800355030468

FILED
2020 KOV 12 AM 10: 46

表面の形 4回D 2020 NOV 12 PM 1: 43





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/11/2020	
	Jennifer Bialowas	
Reference	e#: 1278480	
	me: HCI/RAM DAYT	ONA SUITES JV GP LLC
☐ Arti	icles of Incorporation/Authorization	n to Transact Business
☐ Am	endment	
✓ Cha	ange of Agent	
☐ Rei	instatement	
□ Сог	nversion	
☐ Me	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	titious Name	
☐ Oth	ner	
Authorized Signature:	d Amount: 25.00	

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/11/2020				
	Jennifer Bialowas				
Reference	#:1278480	_			
	ne: HCI/RAM DAYTO	NA SUITES JV GP LLC			
☐ Artic	cles of Incorporation/Authorization	to Transact Business			
☐ Ame	endment				
Change of Agent Change of Agent					
☐ Reir	Reinstatement				
Con	nversion				
☐ Mer	rger				
☐ Diss	solution/Withdrawal				
☐ Ficti	itious Name				
Othe	er				
Authorized Signature:					

F: +852.2682.9790

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. 8	lame of the limited liability company: HCI/RAM [DAYTONA	A SUITES JV GP LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		No Change
	August 15, 2017		M17000006995
3.	Date of filing/registration in Florida	-1 .	Document number
5. (a	Corporation Service Company		
Ì	Registered Agent and Registered Office shown on the records o	Tthe Florida De	Dept. of State:
	1201 Hays Street		
	Registered Office Address (MUST BE FLORIDA STREET	202	
			នី កា
	Tallahassee F	L_32301-2	2525 AN 10: 46
(b)			
	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres	
	115 North Calhoun St., Suite 4		————————————————————————————————————
	NEW Registered Office Address:		
	Tallahassee	 _l 32301	
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I tere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	nws of the Sta of the register iability comp of the limited	ered office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
/s/ P	aul R. Womble	Paul R.	R. Womble
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer notifie	thy accept the appointment as registered agent and ag tions of all statutes relative to the proper and complete digations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	gree to act in e performanc ed for in Cha hereby confi	n this capacity. I further agree to comply with the ice of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been

Signature of Registered Agent