## M18 000003124

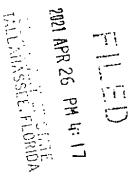
(Re	equestor's Name)			
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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: April 22, 2021

Order#: 774983-015

Re: BALLARD HOSPITALITY, 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.

Attn: Erika Zavala Daza 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.

OUCA.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	lame of the limited liability company:	SPITALITY, LLC		
2. (a)	180 NEW CAMELLIA BLVD. STE 100	(b) 180 NEV	(b) 180 NEW CAMELLIA BLVD., STE 100	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	COVINGTON, LA 70433	COVING	TON, LA 70433	
	03/30/2018	M180000	03124	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	INCORP SERVICES, INC.		2021 APR 26	
<i>J.</i> (a)	Registered Agent and Registered Office shown on the records of 17888 67TH COURT NORTH			
	LOXAHATCHEE, FI	L_33470	LORIDA	
	Corporation Service Company  NEW Registered Office Address:  1201 Hays Street		_	
	Tallahassee , FI	32301		
change agent : was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered office ar ability company, it i of the limited liabilit	nd the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in	
	ture of a member or authorized representative of a member	Jill Cilmi, Autho	orized Person	
Signa	iture of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, 1 i d'in writing of this change.	ree to act in this cap performance of my d for in Chapter 602 hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
e:	Diazz d-Knby ire of Registered Agent			
-	ire of Registered Agènt : E. Kirby, Asst, Vice President of Corporation Service	e Company		
	Division of Corporations • P.O.		ssee, FL 32314	

FILING FEE: \$25.00

INHS18 (2/14)