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C. GOLDEN NOV - 5 2020



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: September 25, 2020

Order#: 436486-011

Re: GLO HOTEL OWNER LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

 $\overline{XX}$  File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

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.

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.

2. (a)	40 W 57TH STREET, 4TH FLOOR	(h	(b) 40 W 57TH STREET, 4TH FLOOR		
(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0	Mailing address of	limited liability company:  POST OFFICE BOX)	
	C/O GLO HOTEL INVESTMENT LLC		C/O GLO HOTEL INVES	TMENT LLC	
	NEW YORK, NY 10019		NEW YORK, NY 10019		
	10/12/2018		M18000009400		
3.	Date of filing/registration in Florida	4.	Document num	iber	
5. (a)	C T CORPORATION SYSTEM				
). (u)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State:		
	1200 SOUTH PINE ISLAND ROAD			1-5	
Registered Office Address (MUST BE FLORIDA STREET A		ADDRESS	2		
				<b>∴</b>	
	PLANTATION	L_33324		20	
(b)	Enter name of NEW Registered Agent and/or NEW Registere		lress:	10 TO	
	Corporation Service Company			0	
	NEW Registered Office Address:		•		
	1201 Hays Street				
	Tallahassee, F	L_32301			
change agent w was/we	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registere lability cor of the limi	d office and the business o mpany, it is hereby confirm ited liability company or as	ffice of the registered ned that the change(s)	
	/s/ Tim Mackey	Tim	Tim Mackey, Authorized Person		
Signat	ure of a member or authorized representative of a member		Printed or typed n	iame of signee	
provisio the obli to mere	oy accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I I'in writing of this change.	ree to act performa ed for in C hereby co	in this capacity. I further a nce of my duties, and I am hapter 605, F.S. Or, if this nfirm that the limited liabi	agree to comply with the familiar with and accept s document is being filed lity company has been	

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

INHS18 (2/14)

Company

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service