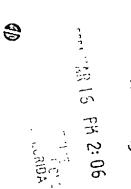
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Office Use Only



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Y SIII KED MAR 17 2021 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: 12000000195				
REFERENCE	: 706688 7475225				
AUTHORIZATION	: Spullelenan				
COST LIMIT	: \$ 25.00				
ORDER DATE : March 16, 2021					
ORDER TIME : 11:42 AM					
ORDER TIME : 11:42 AM					
ORDER NO. : 706688-035					
CUSTOMER NO: 7475225					
<u>CHANGE OF AGENT</u>					
NAME: GRAND PLAZA HOTEL LESSEE, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Bake	r				
E	XAMINER'S INITIALS:				

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. Na	me of the limited liability company: Grand Plaza Ho	tel Less	see, LLC	
2. (a)		((b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2700 Tigertail Ave.		2700 Tig	ertail Ave.
	Miami, FL 33133	_	Miami, F	L 33133
	10/19/2018		M180000	09465
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a)				
5. (a)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of Sta	te:
	Thomas Bezold			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRES		_
	2700 Tigertail Ave.			² .
		2242		
	Miami . FL	3313: 	<u></u>	_
				C
(b)	Enter name of NEW Registered Agent and/or NEW Registered		.1.1	_
	mmer name of NEW Registered Agent and/or NEW Registered	i Omice a	aaress:	27 0
	Corporation Service Company			- 6 AM 8: 26
	NEW Registered Office Address:			- m
	1201 Hays Street			
			·	_
	Tallahassee	32301		
				_
If the I	imited liability company is not organized under the law or changes are made, the Florida street address of the	vs of the	e State of Fl	orida, it is hereby confirmed that after the
agent v	vill be identical. Or, in the case of a Florida limited lia	ability c	ompany, it i	is hereby confirmed that the change(s)
was/we	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	of the lin	nited liabili	ty company or as otherwise provided in
the arti	des of organization of the operating agreement of the		ie Levitt	npany.
Signa	ture of a member or authorized representative of a member	-		Printed or typed name of signee
provisi the obl to mere notifieg	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I fin writing of this change.	ree to ac perform d for in hereby c	t in this cap tance of my Chapter 60, confirm that	pacity. I further agree to comply with the duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	re of Registered Agent			