## 41900000353

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(Requestor's Name)			
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(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT N	<b>I</b> AIL		
(Business Entity Name)			
(Document Number)			
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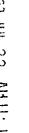


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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:_	07/23/2020	
	Jennifer Bialowas	_
Refere	nce #:1241391	_
Entity N	Name: FRAUENSHUH	HOSPITALITY, LLC
	Articles of Incorporation/Authorization Amendment Change of Agent Reinstatement	
	Conversion  Merger  Dissolution/Withdrawal  Fictitious Name  Other	
	zed Amount: <b>25.00</b>	

F: 800.944.6607

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.

(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)
	No Change	<u>N</u>	o Change
Ε	December 28, 2018		M1900000352
_	Date of filing/registration in Florida	4.	Document number
a) _	CT CORPORATION SYSTEM		
	Registered Agent and Registered Office shown on the records o	f the Florida Dep	ot, of State:
	1200 SOUTH PINE ISLAND RD		
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	277
			. 프 
	PLANTATION	<sub>L_</sub> 33324	
o) (	COGENCY GLOBAL INC.		
_	inter name of NEW Registered Agent and/or NEW Registere	d Office addres	<u></u> = -1
	115 North Calhoun St., Suite 4		
-	NEW Registered Office Address:		
	Tallahassee , F	<sub>L</sub> 32301	
than twi wer	nited liability company is not organized under the lage or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited lage authorized by an affirmative vote of the members les of organization or the operating agreement of the	iws of the Sta of the registere iability comp of the limited	ed office and the business office of the regist any, it is hereby confirmed that the change(s I liability company or as otherwise provided
	tthew Frauenshuh		w Frauenshuh
	re of a member or authorized representative of a member		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 accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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.

/s/ Tim Mayville

Signature of Registered Agent

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