

	(Requestor's	Name)	
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2022 SEP 21 PM 3: 52



A. BUTLER SEP 2 2 2022 CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : I2000000195
REFERENCE : 965711 8392430
AUTHORIZATION: Spelle le man
COST LIMIT : \$ 25.00
ORDER DATE : September 21, 2022
ORDER TIME : 2:0 PM
ORDER NO. : 965711-005
CUSTOMER NO: 8392430
CHANGE OF AGENT
NAME: OUR TOWN HOSPITALITY, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Alexxis Weiland

EXAMINER'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.

i. Na	me of the limited liability company: OUR TOWN HO	SPITAL	IT)	', LLC				
2. (a)	306 South Henry Street	(b)			th Henry Street			
(, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-	- / - -		Mailing address o (Note: MAY B			
	Suite 200		5	Suite 200	o			
	Williamsburg, VA 23185	_	Williamsburg, VA 23185					
	10/28/2019		M	190000	10689			
3.	Date of filing/registration in Florida	4.			Document nui	nber	_	
5. (a)	COGENCY GLOBAL INC.							
, .	Registered Agent and Registered Office shown on the records of the 115 NORTH CALHOUN STREET	he Florida	a Di	pt. of Sta	de:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u>57</u>		_			
	SUITE 4							
	TALLAHASSEE , FL	32301			_	NGA NGA	2022 SEP	es precij
(b)							EP 2	*
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldre	<u>ss</u> :	_			[17]
	Corporation Service Company				_	OF ST	PH I:	Ö
	<u>NEW</u> Registered Office Address:					J. TE	21	
	1201 Hays Street				_			
	Tallahassee, FL_	32301			_			
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of thes of organization or the operating agreement of the E	egistere oility co `the lim	ed o omp nite	office ar pany, it i d liabilit	nd the business of is hereby confirming ty company or a	office of med that	the reg the ch	gistered ange(s)
/s/ Todd		Tod	id F	elsen, l	Manager			
	ure of a member or authorized representative of a member		,	. I	Printed or typed		_	la a stall at
provisič he obli o mer e	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I ha in writing of this change.	erforma	anc	e of mv	duties, and I an	n Tamilia	r with	and accept
Signatur Grace	e of Registered Agent E. Kirby, Asst. Vice President on behalf of Corporation	n Servic	ce (Compan	y			

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