

MI 90000 10684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

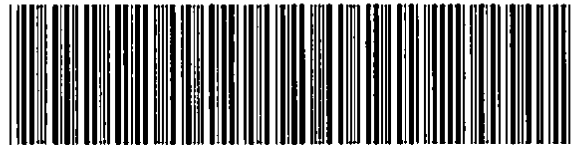
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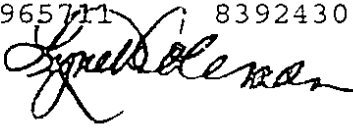
SEP 21 2022
TALLAHASSEE, FLORIDA
PM 3:52

FILED
2022 SEP 21 PM 1:21
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

A. BUTLER

SEP 22 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 965711 8392430
AUTHORIZATION : 
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: _____

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.

INHS18 (2/14)