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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000195
	REFERENCE	:	597253 7347616
	AUTHORIZATION	:	Garbellenan
	COST LIMIT	:	\$ 25.00
ORDER DATE : M	arch 20, 2023		
ORDER TIME :	8:59 AM		
ORDER NO. : 5	97253-077		
CUSTOMER NO:	7347616		
	CHANGE OF A		<u>r</u>
NAME:	GOODKIND HOSP	ITAI	LITY LLC
PLEASE RETURN T	HE FOLLOWING AS	PRO	OOF OF FILING:
CERTIFI XX PLAIN S'	ED COPY TAMPED COPY		
CONTACT PERSON:	Alexxis Weila	nd-s	sorenson
	EX.	AMII	NER'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.

l. Na	ame of the limited liability company: GOODKIND F	HOSPITALI	TY LLC			
2. (a)	275 Madison Avenue SE 501	(b)				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		i	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	New York, NY 10016	_				
	01/07/2020	V	/2000000	0254		
3. 5. (a)	Date of filing/registration in Florida NRAI Services, Inc.	4.		Document number		
. (4)	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	f the Florida I	Dept. of State	_ c :		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		_	2023	
	Plantation, F	L_33324	<u>.</u>	-	2023 MAR 29	731 731 131
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company			-	M 9: 1	. : J
	NEW Registered Office Address: 1201 Hays Street			-	ا س	
	Tallahassee, F	32301		_		
hange gent w vas/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 I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered iability com of the limit	office and pany, it is ed liability	d the business office is hereby confirmed the y company or as other	of the registe hat the chang	ered ge(s)
	ill Cilmi			rized Person		
_	ure of a member or authorized representative of a member			Printed or typed name of	•	
l hereb rovisio he obli o mere otified	oy accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered affice address. It in writing of this change	ree to act in performaned for in Ch hereby con Corporation	this capa ce of my a apter 605, firm that t Scrvice	ncity. I further agree luties, and I am fami , F.S. Or, if this doc the limited liability c Company	e to comply williar with and unnent is beir company has	with the l accept ng filed been
	Chym Ley A	•		t. Vice President		
signatur	e of Registered Agent					