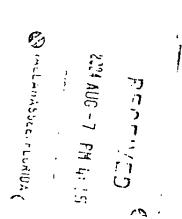
M72 0000 15487

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



700434194267



AB



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

Account#: 120000000088

For any issues please contact
Cheyanne Davis
(850) 202-1882

Date: 08/	07/2024	(850) 202-1882				
	heyanne Davis	_				
	2407135	_				
Entity Name:	OCI HOS	PITALITY, LLC				
Articles of	Incorporation/Authorization					
Amendment						
Change of Agent Change of Agent						
Reinstater	ment					
Conversion						
Merger Merger						
☐ Dissolution/Withdrawal						
☐ Fictitious Name						
Other		 				
Authorized Amou	int: \$25.00					
Signature:	Chapmac Re-					

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.

Name of the limited liability company:			OCI HOSPITALITY, 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)	
	No Change	_		No Change	
	9/27/2022			M22000015487	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a	Oliver, Kent				
J. (c	Registered Agent and Registered Office shown on the records of	the Flori	la Dept. of Sta		
	D. L. LOC. A. U. A. A. WET DE PLONIN A STREET	12000		_	
	Registered Office Address (MUST BE FLORIDA STREET		<u> </u>		
	4749 S Washington Ave Ste 100	0		_	
	, FI	L	32780	_	
(b) Cogency Global Inc.				
(0	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	_	
	115 North Calhoun Street, Suite	4			
	NEW Registered Office Address:	•		<u>-</u>	
				_	
	Tallahassee, FI		32301	_	
the clagent was/v	limited liability company is not organized under the la nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the reg iability of of the li	istered offic company, it mited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
	/s/ Seth Oliver			Seth Oliver	
_	nature of a member or authorized representative of a member			Printed or typed name of signee	
I her provi the or to me notifi	why accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide trely reflect a change in the registered office address, I ed in writing of this change.	ree to a e perfori ed for in hereby	ct in this cap nance of my Chapter 60 confirm thai	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	

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

/s/ Michael Carlisle

Signature of Registered Agent Michael Carlisle, Assistant Secretary