M22 0000 16500

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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(Business Entity Name)			
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COVER LETTER

ro: Registration Section Division of Corporations	
EHP Orlando Hotel LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Randy Tomczak	
Name of Person	
Everwood Inc.	
Firm/Company	
7575 Dr Phillips Blvd, Ste 310	
Address	
Orlando, FL 32819	
City/State and Zip Code	
sanjayrama@everwoodhp.com	
É-mail address: (to be used for future annual i	report notification)
For further information concerning this matter, plea	ase call:
Randy Tomczak	646 835-0497 t ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	ount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

1.	Name of the limited liability company:EHP (Orlando Hotel LLC		
2. (a	Saniay R Rama	Sanjay R (b)	t Rama	
(Principal office address of limited liability of (Note: MUST BE STREET ADDRES	ompany: S <u>S</u>)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	7575 Dr Phillips Blvd, Ste 310	7575 Dr	Phillips Blvd, Ste 310	
	Orlando, FL 32819	Orlando,	Orlando, FL 32819	
	10/27/2022	M2200001	16505	
3.	Date of filing/registration in Floric	 da 4.	Document number	
5. (Rama, Sanjay			
J. (Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of Sta	ate:	
	Rama, Sanjay			
	Registered Office Address (MUST BE FLORID	(A STREET ADDRESS)	_	
	10112 Canopy Tree Ct			
	Orlando	. FL_32836	E J	
(1	Sanjay R Rama (b)		FILE MAY -2 PM TARY OF TAHASSE	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:	2 PA	
	Sanjay R Rama		OF STA	
	NEW Registered Office Address:	-	一	
	7575 Dr Phillips Blvd, Ste 310		<u> </u>	
	Orlando	, FL		
chan agen was/ the a	the limited liability company is not organized uringe or changes are made, the Florida street add nt will be identical. Or, in the case of a Florida stwere authorized by an affirmative vote of the articles of organization or the operating agreen signature of a member or authorized representative of a member of authorized representative of a member of authorized representative of a member of all statutes relative to the proper and obligations of my position as registered agent of the proper and operative reflect a change in the registered office of the proper and the registered of the proper and the proper and the registered of the proper and t	lress of the registered office a a limited liability company, it members of the limited liability content of the limited liability co	ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. And R. Rama Printed or typed name of signee	
nouj	ified in writing of this change.	address, I héreby confirm tha	t the limited liability company has been	
Sign	nature of Registered Agent			

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