Maa 0000 Trays

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F		
	J. HO JUN 3 (RNE
	JUN 3 0	2023

Office Use Only



600409884656

RECEIVED
2023 JUN 29 PH 12: 14
ALLAHASSEE FLORID







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:	06/29/2023	
Name:	Chris Vick	
Reference	e #: 2035415	
	ne:URG	O HOTELS LLC
	cles of Incorporation/Authoriza	
Am	endment	
✓ Cha	ange of Agent	
☐ Rei	nstatement	
Cor	nversion	
☐ Mei	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	iitious Name	
☐ Oth	er	
Authorized	1 d	

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:0	6/29/2023	
Name:	Chris Vick	
Reference #:_	2035415	
	UR	GO HOTELS LLC
		ation to Transact Business
Amendr	ment	
	of Agent	
Reinsta	tement	
☐ Convers	sion	
☐ Merger		
☐ Dissolut	ion/Withdrawal	
Fictitiou	s Name	
Other_		
Authorized Am	ount \$25.00	
Signature:	the let	

F: +852.2682.9790

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

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
No Change	<u></u>	No Change
November 28, 2022		M22000017648
Date of filing/registration in Florida	4.	Document number
CORPORATION SERVICE COMPANY		
Registered Agent and Registered Office shown on the records	s of the Florida De	ept, of State:
1201 HAYS STREET		
Registered Office Address	<u>ET ADDRESS)</u>	
TALLAHASSEE	_{FL} 32301-2	525
COGENCY GLOBAL INC.		2023 SEC TALL.
00021101 0200,12 1110.		
Enter name of NEW Registered Agent and/or NEW Register	ered Office addre	
	ered Office addre	2023 JUN 29 SECRETARIAS ALLARIAS SIL
Enter name of NEW Registered Agent and/or NEW Register	ered Office addre	JUN 29 FA C
Enter name of NEW Registered Agent and/or NEW Registered 115 North Calhoun St., Suite 4 NEW Registered Office Address:		
Enter name of NEW Registered Agent and/or NEW Registered 115 North Calhoun St., Suite 4 NEW Registered Office Address:	FL 32301 laws of the Start of the register of the limite	ate of Florida, it is hereby confirmed that aftered office and the business office of the regis pany, it is hereby confirmed that the change (d liability company or as otherwise provided

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Timothy Mayville

Signature of Registered Agent