M3300000 1021

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Business Entity Name) (Document Number) Certificates of Status		(Requestor's Name)	
(Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Business Entity Name) (Document Number) Certificates of Status			
(Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Business Entity Name) (Document Number) Certificates of Status		(Address)	
(City/State/Zip/Phone #)		(//////////////////////////////////////	
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		(Address)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			<u></u>
(Business Entity Name) (Document Number) Certified Copies		(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies			
(Document Number) Certified Copies	PICK-UF		
(Document Number) Certified Copies			
(Document Number) Certified Copies			
Certified Copies Certificates of Status		(Business Entity Name)	
Certified Copies Certificates of Status			
Certified Copies Certificates of Status		(Document Number)	
		(Bocament Humber)	
Special Instructions to Filing Officer:	Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:			
Special Instructions to Filing Officer:		<u></u>	
	Special Instructions to	Filing Officer:	
			ł
	L		



2024 DEC - 3 (M11: 4.9 2024 DEC 2024 DEC - 3 (M11: 4.9 2024 DEC

14.14.14.14.10 2024-0EC --3 AM-11:-34 2017-1 2010

Office Use Only

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

	ACCOUNT NO. :	12000000195
	REFERENCE :	755036 4380061
	AUTHORIZATION :	Naca and
	COST LIMIT :	 \$ 25.0
ORDER DATE :	November 7, 2024	
ORDER TIME :	9:45 AM	
ORDER NO. :	755036-372	
CUSTOMER NO:	4380061	

CHANGE OF AGENT

NAME: SHERATON OPERATING LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'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.

. Na	me of the limited liability company:	PERATI			
. (a)	7750 WISCONSIN AVENUE		(b) 7750 WISCONSIN AVENUE		
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability com (<u>Note: MAY BE POST OFFICE BO</u>		
	BETHESDA, MD 20814		BETHESDA, MD 20814		
	01/25/2023		M23000001027		
•	Date of filing/registration in Florida	4.	Document number		
. (a)					
	Registered Agent and Registered Office shown on the records o	f the Flori	orida Dept. of State:		
	C T CORPORATION SYSTEM				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>ESS</u>		
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION, F	L_33324	24		
(b)			(3)		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office :	e address:		
	Corporation Service Company		2024 DEC - 3		
	<u>NEW</u> Registered Office Address:			-	
	1201 Hays Street				
	Tallahassee , F	32301)1	U	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Andrew P.C. Wright, Secretary

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

10 A Signature of Registered Agent

Grace E. Kirby, Asst. Vice President Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314

FILING FEE: \$25.00