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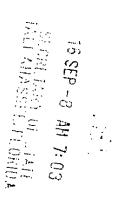
(Requestor's Name)	
(Address)	700
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(Business Entity Name)	
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: September 6, 2016

Order#: 267879-016

Re: CROSSROADS HOSPITALITY COMPANY, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Tecora Bell c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.	Na	me of the limited liability company: CROSSROADS	HOSPI	FALITY CC	MPANY, L.L.C.
2.	(a)	4501 NORTH FAIRFAX DR. STE 500	(b)	
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	, 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		ARLINGTON VA 22203	-		
		11/02/1995	_	M950000	00325
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	C T CORPORATION SYSTEM			
	(-)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of Stat	- e:
		1200 SOUTH PINE ISLAND ROAD			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u>)</u>	-
		PLANTATION ,FL	33324		16 St.
((b)	Corporation Service Company			SEP - SEP -
•	(-)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	lress:	
		1201 Hays Street			
		NEW Registered Office Address:			20 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0
		Tallahassee FL	32301		
the age was	cha nt w /we	mited liability company is not organized under the lawsing or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liability and authorized by an affirmative vote of the members of the organization or the operating agreement of the liability.	s of the he regis bility co the lim imited l	tered offic mpany, it i ited liabilit iability cor	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Si	gpat	ure d'a member or authorized representative of a member		,	Printed or typed name of signee
pro the to n not	obli nere isiep	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	performa for in C ereby co	ance of my Chapter 60: Onfirm that	duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
Sig	iatul	e of Registered Agent Corporation Service Company	BY: U	race E. Ki	rby, Asst. Vice President