## P08295

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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600434830926

SECRETARY OF STATE

2024 NOV 21 AM 8: 42

2024 NOV 21 AH 10: 57

## . STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Si organized under the laws of the State of $\frac{\Box}{}$ egistered agent, or both, in the State of Fl	DE	
1. The name of t	he corporation: HOST RESTAURAL	NTS, INC.		
2. The principal	office address: 7750 Wisconsin Ave	enue Bethesda, MD 20814		
3. The mailing a	ddress (if different):			
4. Date of incorp	ooration/qualification: 12/05/1985	Document number: P08295		
	street address of the current registe tment of State: (If resigned, enter re	red agent and registered office on file with signed)		
	C T CORPORATION SYSTEM		124 H	
	1200 SOUTH PINE ISLAND ROA	AD	2024 NOV 2 I	
	PLANTATION	FL 33324	- AP	
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered offi	-'w	
	Corporation Service Company			
	1201 Hays Street			
	P	O Box NOF acceptable		
	Tallahassee	FL 32301		
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office of its	registered agent,	
Such change wa authorized by th	as authorized by resolution duly ad ne board, or the corporation has bee	opted by its board of directors or by an ennotified in writing of the change.	officer so	
/s/ Andrew P.C. Wright		Andrew P.C. Wright	Secretary	
Signatu	re of an officer of director	Printed or typed name and title	<del>č</del>	
I further agree to of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of all d I am familiar with and accept thing filed merely to reflect a change is been notified in writing of this changers Service Company	nt and agree to act in this capacity. I statutes relative to the proper and comp e obligation of my position as registered in the registered office address. I hereby ange.	plete performance agent. Or, if this confirm that the	
By: Mars 7-Kuble		11/14/2024		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	BY, ASST, VICE PRESIDENT speed or Printed Name			

\* \* \* FILING FEE: \$35.00 \* \* \*