Division of Corporations **Electronic Filing Cover Sheet**

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To: From:

Division of Corporations

Fax Number : (850)617-6380

R. WHITE

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

DEC 13 2017

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE ECONOTEL HOTELS, INC.

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Help

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508. Florida Statute n organized under the laws of the State of <u>Flor</u> r registered agent, or both, in the State of Florida	<u>ida</u>
1. The name of t	he corporation: ECONOTEL HOT	ELS, INC.	
	office address: 101 NEVADA LOOF		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 08/17/2017	Document number: P17000069229	
	I street address of the current regitment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	KING, DOUGLAS E		
	101 NEVADA LOOP ROAD		IAS 🛨
	DAVENPORT, FL 33897		7 DEC
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered office	12 AH
	Registered Agents Inc.		9. 1.8
	3030 N. Rocky Point Dr. ST	E 150A	E
	P.O. Box NOT acceptable		
	Tampa FL 33607		
The street addre as changed will	ess of its registered office and the be identical.	e street address of the business office of its regis	stered agent,
Such change wa authorized by it	is authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an office been notified in writing of the change.	r so
And fine	re of an officer or director	Douglas King, President 11-2	28-2017
I hereby accept I further agree t performance of avent. Or if the	the appointment as registered as to comply with the provisions of my dules, and I am familiar wit	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as re to reflect a change in the registered office add	gistered ress, I
Bee Han	nem	11-27-2017	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Bill Havre		_	
T ₂	yped or Printed Name	NC PPE, 025 00 + + +	
	~ ~ ~ F []_[t	NG FEE: \$35.00 * * *	

171