LODGESOUTH, INC. Sectretary of State 02-11-2000 900008 03 ***1 50:00 Principal Place of Business US Maling Address 20 MITADORCA PRINACOLA FL 3201 UUULTIU 2. Principal Place of Business 3. Maling Address Do NOT WRITE IN THIS SPACE State, Apt. #. eff. Suite. Apt. #. eff. Do NOT WRITE IN THIS SPACE City & State Cuvrity 4. FEI Number So NOT WRITE IN THIS SPACE Zip Country 4. FEI Number Space of Business of Current Registered Agent Theme and Address of Current Registered Agent MOALPN, RICHARD R Clay & State Theme and Address of Current Registered Agent Theme and Address of State During the statement for the purpose of change base defines discus departs State Age from the state of Borida. MOALPN, RICHARD R Marre State Age from the state of Borida. State Age from the state of Borida. State Address of Current Registered Agent The address of During the statement for the purpose of change base date of a core registered agent, or both, in the State of Borida. State Address of During the statement for the purpose of change base dates of core registered agent, or both, in the State of Borida. Biomorphile in the statement for the purpose of change base dates dates of core registered agent, or both, in the State of Borida. State Address of During the statement for the purpose of change base dates dates dates of Borida.	2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000018358 1. Entity Name LODGESOUTH, INC.						FILED Feb 11, 2000 8:00 am	
25 E INTERCENCIA PLESCO 20 INTERCENCIA PLESCO PRINCOLA PLESCO 20 INTERCENCIA PLESCO 2. Principal Place of Business 3. Maiing Address Sulin, Apt. 4. etc. Sulin, Apt. 4. etc. Sulin, Apt. 4. etc. Sulin, Apt. 4. etc. City & State City & State City & State City & State 20 Country 2. Country 3. Name 2. Country 3. Name 2. Country 3. Name 3. Name Name 3							Secretary of State 02-11-2000 90008 036 ***150.00	
PERSACQLA FL 2501 UOUITILU 2 Principal Pace of Business 3. Mailing Address Sule, Apt # otc. Sule, Apt # otc. DO NOT WRITE NITHS SPACE City & State City & State City & State 4. FE' Number City & State City & State City & State 4. FE' Number City & State City & State City & State 4. FE' Number City & State City & State City & State 4. FE' Number City & State City & State City & State 4. FE' Number Rock Pace Address of Cutrem Registered Agent Name and Address of Cutrem Registered Agent Name MCALPIN, RICHARD R 205 Number Nations of State Desired Break Address (PC) Box Namber is Not Acceptable) State Name and Address of Cutrem Registered office or registered agent, or both, in the State of Florida. PENSACOLA FL 32501 FELE NOWINF FELE STSDOOD Rock EntreMace Name Market MAY 1200 State State Address (PC) Box Namber of the Registered of State Desired State MAY 1200 State State Address (PC) Box Name and Address (PC) Bo	Principal Place	of Business	Mailing Address					
Sulle, Apl. #, dc. Sulle, Apl. #, dc. Sulle, Apl. #, dc. Do NOT WRITE IN THIS SPACE City & State City & State City & State 4. FEI Number 59-3308834 Applied Zip Country Zip Country S. Certificate of Status Desired 58:75 Addition Image: State Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent MCALPIN, RICHARD R Street Address (PO, Box Number is Not Acceptable) Street Address (PO, Box Number is Not Acceptable) D205 E INTERDENCIA Street Address (PO, Box Number is Not Acceptable) The Street Address (PO, Box Number is Not Acceptable) City FL Zip Coce Street Address (PO, Box Number is Not Acceptable) Core Street Address (PO, Box Number is Not Acceptable) City FL Zip Coce In Backon number was and agent and the street of the purpose of orhanging its registered agent, or both, in the State of Notals. In Street Address (PO, Box Number is Not Acceptable) Core Street Address (PO, Box Number is Not Acceptable) Dest Mach Check Pay Street of State In Street Address (PO, Box Number is Not Acceptable) Street Address (PO, Box Number is Not Acceptable) Street Address (PO, Box Number is Not Acceptable) Dest Int E Number (PO, Box Number is Not Acceptable) Street Address (PO, Box Number is Not Acceptable)	205 E INTENDENCIA PENSACOLA FL 32501		PENSACOLA FL 32501				nantilta	
City & State 4. FE' Number S9:3008834 Include Zip Country Zip Country S. Certificate of Status Desired S8:75 Addition 6. Name and Address of Current Registered Agent 7. Name and Address of Status Desired S8:75 Addition S8:75 Addition 0. Status Desired S. Certificate of Status Desired S8:75 Addition S8:75 Addition 0. Status Desired Status Desired S7: Name and Address of New Registered Agent S7: Name and Address of New Registered Agent MCALPIN, RICHARD R Strest Address (PO. Box Number is Net Acceptable) Strest Address (PO. Box Number is Net Acceptable) FL Strest Address (PO. Box Number is Net Acceptable) City FL Zip Code Strest Address (PO. Box Number is Net Acceptable) City FL Zip Code Strest Address (PO. Box Number is Net Acceptable) City FL Zip Code Strest Address (PO. Box Number is Net Acceptable) City FL Zip Code Strest Address (PO. Box Number is Net Acceptable) Comparison is eligible to estate its intangeloci City City City City Strest Address (PO. Box Number is Net Acceptable) Strest Address (PO. Box Number is Net Acceptable) City Siz<	2. Principal Pla	ace of Business	3. Mailing Address			·		
Zip Country Zip Country Sep3308834 [] bit Addition Zip Country S. Certificate of Status Desired [] bit Addition 6. Name and Address of Ourrent Registered Agent 7. Mare and Address of New Registered Agent 7. Mare and Address of New Registered Agent 8. The above name employ subplished agent and the curpose of charging its registered office of registered agent, or both, in the State of Forda. Pices 1 8. The above name employ subplished statement for the curpose of charging its registered office of registered agent, or both, in the State of Forda. Pices 1 8. The above name employ subplish is statement for the curpose of charging its registered office of registered agent, or both, in the State of Forda. Pices 1 State 8. The above name employering its of agent and the scatea. OPTE Explored agent ag	Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
Comparison of Address of Current Registered Agent Comparison of Current Registered Agent and the registered Comparison of Current Registered Agent Comparison of Current Reg	City & State	; · · · · · · · · · · · · · · · · · · ·	City & State	City & State			4. FEI Number 59-3308834 Applied For Not Applicable	
6. Name and Address of Current Registered Agent 7. Name and Address of New Pegistered Agent 7. Name and New Pegister	Zip	Country	Zip		•	5. (Certificate of Status Desired S8.75 Additional	
MCALPIN, RICHARD R 205 E INTENDENCIA PENSACOLA FL 32501 Streat Address (PO. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 8. The above name-tendty submits the statement for the curpose of changing its registered agent, or both, in the State of Horta. State of Horta SIGNATURE Gradues, hope of intendence of registered agent, or both, in the State of Horta Date 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and alexis to do so. Mater MAY, 3200 Fee within State of State 19. Election Campaign Financing Tost Fund Contribution \$5.00 M Added to F 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS, AND DIRECTORS IN Mate Change 19. Election Campaign Financing Tost Fund Contribution \$5.00 M Added to F 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS, AND DIRECTORS IN Mate Streat Address 10. Election Campaign Financing Tost Fund Contribution \$5.00 M Added to F 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS, AND DIRECTORS IN Mate Streat Address 10. Election Campaign Financing Tost Fund Contribution \$5.00 M Added to F 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS, AND DIRECTORS IN Mate Streat Address 10. Electin Change	, , , , , , , , , , , , , , , , , , , 	6. Name and Address of Curren				 7. I		
Constrained a server and experience of the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE SIGNATURE Signature, typed or period name of the state of experiation. SIGNATURE Signature, typed or period name of the state of experiation. SIGNATURE Signature, typed or period name of the state of experiation. SIGNATURE Signature, typed or period name of the state of experiation. SIGNATURE Signature, typed or period name of the state of experiation. SIGNATURE Signature, typed or period name of the state of experiation. SIGNATURE Signature, typed or period name of the state of experiation. SIGNATURE Signature, typed or period name of the state of experiation. SIGNATURE Signature, typed or period name of the state of experiation. SIGNATURE Signature, typed or period name of the state of experiation. SIGNATURE Signature, typed or period name of the state of experiation. SIGNATURE Signature, typed or period name of the state of experiation. SIGNATURE Signature, typed or period name of the state of experiation. SIGNATURE Signature, typed or period name of the state of experiation. SIGNATURE Signature, typed or period name of the state of experiation. SIGNATURE Signature, typed or period name of the state of experiation. SIGNATURE Signature, typed or period name of the state of experiation. SIGNATURE Signature, typed or period name of the state of experiation. SIGNATURE Signature, typed or period name of the state of the	205 E INTENDENCIA					ess (P.O. Box Number is Not Acceptable)		
8. The above name#emity subplite this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. SIGNATURE Signature types a prefaced agent and legate ad uppet and the if applicate. ONTE Registered agent, or both, in the State of Forida. Signature types a prefaced agent and legate ad uppet and the if applicate. ONTE Registered agent, or both, in the State of Forida. ONTE Registered agent, or both, in the State of Forida. Signature types and registered agent and legate ad uppet and the splicate. ONTE Registered Agent agent and alects to do so. (See or treat a on back.) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITHE MARE STRET ADDRESS CITY-ST-2P ITHE ITHE <t< td=""><td></td><td></td><td></td><td colspan="2"></td><td></td><td>Zip Code</td></t<>							Zip Code	
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITLE DPST Delete TITLE Change Change ITLE MCALPIN, RICHARD R Strett ADDRESS CITV-ST-2P CITV-ST-2P COMPST Change Change ITTLE Delete TTLE NAME Strett ADDRESS CITV-ST-2P Change Change Change ITTLE Delete TTLE NAME Strett ADDRESS CITV-ST-2P Change	SIGNATURE 9. This corpor Tax filing re	Signature, typed or printed name of registered ager ration is eligible to satisfy its Intangib equirement and elects to do so.	It and title if applicable. (NOT	Pt TE: Registere VIII FEE 000 Fee	C.S. d Agent signature re IS \$150.00 will be \$550.	equired when re	reinstating) DATE 10. Election Campaign Financing \$5.00 May I	
ITTLE DPST Delete TTLE Inclusion Change STREET ADDRESS 205 E INTENDENCIA CHANGE STREET ADDRESS CHANGE VTV-ST-2P PENSACOLA FL Change Change Change TITLE Delete TTLE Change Change Change STRET ADDRESS CHV-ST-ZP Change Change Change Change TTLE Delete TTLE NAME Change	· · · · · · · · · · · · · · · · · · ·						DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Delete TITLE Change Change NAME STREET ADDRESS CITV-ST-2P TITLE Delete TITLE Change CITV-ST-2P NAME STREET ADDRESS CITV-ST-2P CITV-ST-2P NAME STREET ADDRESS CITV-ST-2P CITV-ST-2P NAME STREET ADDRESS CITV-ST-2P CITV-ST-2P TITLE Delete TITLE Change CITV-ST-2P TITLE Delete TITLE Change CITV-ST-2P TITLE Delete TITLE Change Change Change TITLE Delete TITLE Change Change <td>TITLE NAME STREET ADDRESS</td> <td>DPST MCALPIN, RICHARD R 205 E INTENDENCIA</td> <td></td> <td>titl Nam Stre</td> <td>e Et address</td> <td></td> <td></td>	TITLE NAME STREET ADDRESS	DPST MCALPIN, RICHARD R 205 E INTENDENCIA		titl Nam Stre	e Et address			
IIILE IIILE IIILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP IIILE Delete TTLE Change NAME STREET ADDRESS CITY-ST-ZIP IIILE Delete TTLE Change NAME STREET ADDRESS CITY-ST-ZIP Change ITLE Delete TTLE NAME STREET ADDRESS CITY-ST-ZIP Change Change ITLE Delete TTLE Change Change ITLE Delete TTLE Change Change ITTLE Delete TTLE Change Change ITTLE Delete TTLE Change Change ITTY-ST-ZIP CITY-ST-ZIP City-ST-ZIP Change Change ITTLE Delete TTLE Change Change Change ITTLE Delete TTLE Change Change Change Change ITTY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Change Change Change Chan	NAME STREET ADDRESS		Delete	NAM Stre	e Et address		Change Add	
NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP TITLE Delete NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CITY - ST - ZIP TITLE Delete NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE CITY - ST - ZIP<	NAME STREET ADDRESS		Delete	NAM	E EE EET ADDRESS			
NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete NAME TITLE NAME STREET ADDRESS CITY - ST - ZIP Change NAME STREET ADDRESS CITY - ST - ZIP Change NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 13. J hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the inform indicated on. this report or supplemental report is true and accurate and that my signature shall have the same leggle effect as if made under oath; that I am an officer or of or of of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block	NAME STREET ADDRESS		Delete	NAM	e Et address		🗂 Change 🥅 Ado	
NAME STREET ADDRESS CITY-ST-ZIP 13. J hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the inform indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or di of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block	NAME STREET ADDRESS	• • • •	Delete	NAM	e Et address		Change Add	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or di of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Bloc	NAME STREET ADDRESS	· · ·	Delete	NAM	e Et address		Change Add	
SIGNATURE: 1/S CO	indicatéd o of the corp changed, o	on this report or supplemental report paration or the receiver or trustee emp or on an attachment with an address	is true and accurate and that i powered to execute this report	my signa t as requi	ture shall have	the same	legal effect as if made under oath: that I am an officer or direc	