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2018-08-22 15:24:16 CST
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Division of Corporations
Florida Department of State
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From: Account Name : C T CORPORATION SYSTEM
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****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
KIRKMAN ROAD HOTEL CORP.**

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Page Count	02
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

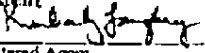
1. The name of the corporation: Kirkman Road Hotel Corp
2. The principal office address: 4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32802
3. The mailing address (if different): ONE EXECUTIVE BLVD
YONKERS, NY 10701
4. Date of incorporation/qualification: 08/21/1997 Document number: P97000072584
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC
155 OFFICE PLAZA DRIVE, 1ST FLOOR
TALLAHASSEE, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Signature of an officer or director
Kelly Ann Marden Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System
 Signature of Registered Agent
06/28/2018 Date

If signing on behalf of an entity:

Kimberly Laughrey - Asst Sec

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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