P99000111974

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL	
(City/State/Zip/Phone #)	_ _
	_
PICK-UP WAIT MAIL	
(Business Entity Name)	ر <u>-</u>
(Document Number)	—
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	- 1

Office Use Only



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OCT 28 2016 C MCNAIR



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX



To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 21, 2016

Order#: 341119/005

Re: KESSLER HOTELS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35....

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

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

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

INCA.XCOA

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

statement of ch	e provisions of sections 607.0502, 617. Tange is submitted for a corporation or	ganized under I	the la	rvs of the State o	of Florida	is
	lèr to change its registered office or reg		or bo	th, in the State o	of Florida.	
1. The name of	the corporation: KESSLER HOTELS		 -			_
2. The principa	l office address: 4901 Vineland Road,	, Suite 650, Orl	ando ——	, FL 32811		
3. The mailing	address (if different):					
4. Date of incom	rporation/qualification: 12/23/1999	Docur	menit	number: P990	00111974	
	d street address of the current registere artment of State: (If resigned, enter resigned)		gistere	ed office on file	with the	6
·	Annual Reports					007
	1200 South Pine Island Road					16 OCT 25 AH
	Plantation, FL 33324				_	₩ 9
6. The name and (if changed):	d street address of the new registered a	gent (if change	d) an	d /or registered	office	9:19
	Corporation Service Company					
	1201 Hays Street	-			_	
	P.O. Box N	OT acceptable			_	
	Tallahassee		FL	32301	_	
The street address changed will	ess of its registered office and the stre be identical.	et address of th	ne bu	siness office of	its registered	agent,
Such change wa authorized by the	as authorized by resolution duly adopthe board, or the corporation has been	ted by its board notified in writ	of d	irectors or by a	n officer so	
		- Day	Da	intzler	1/ Ø	
Signatu	ife of an officer or director			d or typed name and		
I hereby accept I further agree of performance of agent. Or, if the hereby confirm Corporatio	the appointment as registered agent of comply with the provisions of all standard with and is document is being filed merely to rethat the corporation has been notified a Service Company	and agree to ac atutes relative I accept the obi eflect a change I in writing of t	ct in t to the ligati in th this c	his capacity. e proper and co on of my position e registered off hange.	mplete on as register ice address, I	ed
By: Sum	Quessered Agent	10	0/21/:			
) Sign	nature of Registered Agent			Date		
If signing on be	half of an entity:					•
	, Asst. Vice President					
Ty	yped or Printed Name					
	* * * FILING B	'EE+ \$35 00 * *	* *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)