#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director 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 above, or on an attachment with all other like empowered.

VP/S

SIGNATURE: BRIANA LAWLEY

Electronic Signature of Signing Officer/Director Detail

<u>2025</u>	<b>FLORIDA</b>	PROFIT	<u>CORPOR</u>	ATION /	<u>ANNUAL</u>	<b>REPORT</b>

#### DOCUMENT# P11000099424

## Entity Name: BROWNSTONE HOSPITALITY INTERIORS, INC

## **Current Principal Place of Business:**

8249 PARKLINE BLVD STE.100 ORLANDO, FL 32809

# **Current Mailing Address:**

8249 PARKLINE BLVD STE.100 ORLANDO, FL 32809 US

## FEI Number: 45-3834916

# Name and Address of Current Registered Agent:

LAWLEY, BRIAN C. 7509 EXCHANGE DRIVE ORLANDO, FL 32809 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

		-	-	
SIGNATURE	BRIAN LAWLEY			03/21/2025
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	P/T	Title	VP/S	
Name	LAWLEY, BRIAN C.	Name	LAWLEY, BRIANA	
Address	7509 EXCHANGE DRIVE	Address	7509 EXCHANGE DRIVE	
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809	

Certificate of Status Desired: No

03/21/2025

Date

FILED Mar 21, 2025 Secretary of State 6902234705CC