

2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M18000007478

Entity Name: AH4R PROPERTIES TWO, LLC

Current Principal Place of Business:

280 E. PILOT ROAD
LAS VEGAS, NV 89119

Current Mailing Address:

280 E. PILOT ROAD
LAS VEGAS, NV 89119 US

FEI Number: 80-0860173

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name SINGELYN, DAVID P. P.
Address 280 E. PILOT ROAD
City-State-Zip: LAS VEGAS NV 89119

Title MANAGER
Name VOGT-LOWELL , SARA
Address 280 E. PILOT ROAD
City-State-Zip: LAS VEGAS NV 89119

Title AUTHORIZED REPRESENTATIVE
Name JOHNSON , ZACKORY
Address 280 E. PILOT ROAD
City-State-Zip: LAS VEGAS NV 89119

Title AUTHORIZED REPRESENTATIVE
Name PALMER, LINCOLN
Address 280 E. PILOT ROAD
City-State-Zip: LAS VEGAS NV 89119

Title VP
Name REITER , JOSHUA
Address 280 E. PILOT ROAD
City-State-Zip: LAS VEGAS NV 89119

Title AUTHORIZED REPRESENTATIVE
Name TIPTON-RASMUSSEN, ALAINA
Address 280 E. PILOT ROAD
City-State-Zip: LAS VEGAS NV 89119

Title MANAGER
Name KUSHNER, JORDAN
Address 280 E. PILOT ROAD
City-State-Zip: LAS VEGAS NV 89119

Title VP
Name LIPTAK, AMANDA
Address 280 E. PILOT ROAD
City-State-Zip: LAS VEGAS NV 89119

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARA VOGT-LOWELL

MANAGER

07/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date