Current Mai	ling Address:			
2299 NE 164 NORTH MIA	4 ST MI BEACH, FL 33160 US			
FEI Number	: 84-3531619		Certificate of Status Desired	I: No
Name and A	Address of Current Registered Agent:			
1201 HAYS ST	N SERVICE COMPANY REET E, FL 32301 US			
The above name	d entity submits this statement for the purpose of changing	its registered office or regis	tered agent or both in the State of Florida	
		ns registered unice of regis	lered agent, or bour, in the Glate of Fionda.	
SIGNATURE				Date
SIGNATURE	E:			Date
SIGNATURE Authorized	Electronic Signature of Registered Agent	Title	AP	Date
SIGNATURE	Electronic Signature of Registered Agent Person(s) Detail :	Title Name	AP KARNER, MARIANO	Date
SIGNATURE Authorized	Electronic Signature of Registered Agent Person(s) Detail : MGR PRIVE HOSPITALITY MANAGEMENT	Title Name Address	AP KARNER, MARIANO 2299 NE 164 ST	Date
SIGNATURE Authorized <sup>Title</sup> Name	Electronic Signature of Registered Agent Person(s) Detail : MGR PRIVE HOSPITALITY MANAGEMENT LLC 2299 NE 164 ST	Title Name	AP KARNER, MARIANO 2299 NE 164 ST	Date
SIGNATURE Authorized Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : MGR PRIVE HOSPITALITY MANAGEMENT LLC 2299 NE 164 ST	Title Name Address	AP KARNER, MARIANO 2299 NE 164 ST	Date
SIGNATURE Authorized Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Person(s) Detail : MGR PRIVE HOSPITALITY MANAGEMENT LLC 2299 NE 164 ST NORTH MIAMI BEACH FL 33160	Title Name Address	AP KARNER, MARIANO 2299 NE 164 ST	Date
SIGNATURE Authorized Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Person(s) Detail : MGR PRIVE HOSPITALITY MANAGEMENT LLC 2299 NE 164 ST NORTH MIAMI BEACH FL 33160 AP	Title Name Address	AP KARNER, MARIANO 2299 NE 164 ST	Datı

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: MARIANO KARNER

AP

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# M19000010789

## Entity Name: PRIVE HOSPITALITY FTL LLC

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

2299 NE 164 ST NORTH MIAMI BEACH, FL 33160

Date