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.

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# F97000001780

#### Entity Name: COAKLEY & WILLIAMS HOTEL MANAGEMEMT COMPANY

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

1099 WINTERSON RD SUITE 280 LINTHICUM HEIGHTS, MD 21090

## **Current Mailing Address:**

**1099 WINTERSON RD** SUITE 280 LINTHICUM HEIGHTS, MD 21090 US

### FEI Number: 52-1959973

### Name and Address of Current Registered Agent:

TRAC-THE REGISTERED AGENT COMPANY 236 E 6 AVE TALLAHASSEE, FL 32303 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

#### **Officer/Director Detail :**

Title	OWNER	Title	PRESIDENT
Name	WILLIAMS, GARY S	Name	WILLIAMS, MARK A
Address	1099 WINTERSON ROAD #280	Address	1099 WINTERSON RD SUITE 280
City-State-Zip:	LINTHICUM HEIGHTS MD 21090	City-State-Zip:	LINTHICUM HEIGHTS MD 21090

# FILED Jan 06, 2023 Secretary of State 2261002919CC

Certificate of Status Desired: No

01/06/2023 Date

Date