RI SOS Filing Number: 201858818560 Date: 2/22/2018 1:13:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

19 FEB 22 PH

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

| 1. Entity ID Number | 2. Exact Name of the Corporation | | |
|---|----------------------------------|--------------------|-----------|
| 000081584 | MARRIOTT HOTEL SERVICES, INC. | | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 10 DORRANCE STREET, SUITE 700 | | | |
| City/Town PROVIDENCE | | State RHODE ISLAND | Zip 02903 |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| CORPORATE CREATIONS NETWORK INC. | | | |
| 5. The address of the NEW registered office is: | | | |
| Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A | | | |
| City/Town East Providence | | State RHODE ISLAND | Zip 02914 |
| 6. The name of the NEW registered agent is: | | | |
| C T Corporation System | | | |
| 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX | | | |
| X Date received (Upon filing) | | | |
| Later effective date (Date must be no more than 30 days from the day of filing) | | | |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct. | | | |
| Name of Authorized Officer of the Corporation | | | Date |
| Jennifer Kurz | | | 2/21/2018 |
| Signature of Authorated Officer of the Corporation SIGN DOCUMENT HERE | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 1.13pm

FILED

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BY 324967

FORM 640 - Revised: 07/2016

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Marriott International, Inc. (Corporation), incorporated under the laws of the state of Delaware and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Patricia Belanger, Jennifer Kurz, Michele Holden, Jeanne Nelson, Amanda Szabo and Terrie Bates employees of CT Corporation System and acting solely in the capacity as employees of CT Corporation System, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to C T Corporation System, as directed and authorized by the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Patricia Belanger, Jennifer Kurz and Jeanne Nelson shall exercise the power of Secretary, Vice President, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this February 12th, 2018.

Marriott International, Inc. A Delawage Corporation

Name: Bancroft S. Gorde

Title: Vice President and Assistant General Counsel and Corporate Secretary

State of Maryland

County of Montgomery

On February ______, 2018 before me, the undersigned, a Notary Public in and for said State, personally appeared Bancroft S. Gordon, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Pamela Ann St. Clair, Notary Public