



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

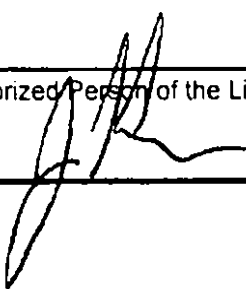
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SECRETARY OF STATE  
CORPORATIONS DIV  
2018 FEB 22 PM 1:10

### Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 000298717		2. Exact Name of the Limited Liability Company RESIDENCE INN BY MARRIOTT, LLC	
3. The address of the resident office as <b>PRESENTLY</b> 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 resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: CORPORATE CREATIONS NETWORK INC.			
5. The address of the <b>NEW</b> resident 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 <b>NEW</b> resident agent is: C T Corporation System			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> 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 Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company Jennifer Kurz			Date 2/21/2018
Signature of Authorized Person of the Limited Liability Company  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](http://www.sos.ri.gov)

1:10 pm  
**FILED**

**FEB 22 2018**

BY 324980

## 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 C T 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 Delaware Corporation

By: 

Name: Bancroft S. Gordon

Title: Vice President and Assistant General Counsel and Corporate Secretary

State of Maryland

County of Montgomery

On February 12th, 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

