

Document Number Only

A97000001537

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

500002267075--1

-08/14/97--01006--023

*****35.00 *****35.00

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DIVISION OF CORPORATIONS
AUG 14 PM 3:35

Sarasota Prime Hotels, Ltd.

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☐ NonProfit ☐ Dissolution/Withdrawal ☐ Mark
☐ Limited Liability Co.

- ☐ Foreign ☐ Annual Report ☐ Other UCC
☐ Reinstatement ☐ Reservation ☒ Change of Name
☐ Fic. Name

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

Florida Department of State, Jim Smith, Secretary of State

LIMITED PARTNERHSIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes,
the undersigned limited partnership organized under the laws of the state of

Florida, submits the following statement
in order to change its registered office or registered agent, or both, in the state of
Florida.

1. The name of the limited partnership is:

Sarasota Prime Hotels, Ltd.

2. The date of filing/registration in Florida:

7/11/97

3. Document number assigned:

A97000001537

4. The name and address of the present registered agent and office:

Corporation Company of Miami
201 S. Biscayne Boulevard
1600 Miami Center
Miami, FL 33131

5. The name and address of the successor registered agent and office.:
(P.O. Box not Acceptable)

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

Such change was authorized by the general partners. Sarasota Prime Hotels, Inc., G.P.

SIGNATURE: By: Richard Weber
General Partner Richard Weber, President

Date: 31 July 1997

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIG-
NATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS
REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE
TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER
AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND
ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

JENNIFER FAULTMAN
ASSISTANT SECRETARY

SIGNATURE:

Registered Agent

Date:

8/11/97