F98000043607

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000158713 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

RECEIVED
04 AUG -2 PM 2:55
DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

CNL HOSPITALITY PROPERTIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$35.00

FILED
04 AUG -2 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Public Access Help

R/A Chng
8/2/04

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Maryland *In order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: CNL Hospitality Properties, Inc.
2. The principal office address: 450 S. Orange Avenue Orlando, FL 32801
3. The mailing address (if different): PO Box 4920 Orlando, FL 32802
4. Date of incorporation/qualification: 07/30/1998 Document number: F98000004367
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

   Robert A. Bourne
   450 S. Orange Avenue
   Orlando, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   C T CORPORATION SYSTEM
   1200 SOUTH PINE ISLAND ROAD
   (P.O. Box NOT acceptable)
   PLANTATION FL 33324

FILED
04 AUG -2 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director) Barry A. N. Bloom, Senior Vice President
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

PETER F. SOUZA
ASSISTANT SECRETARY
(Signature of Registered Agent) 8/2/04
(Date)

If signing on behalf of an entity:

C T CORPORATION SYSTEM
(Typed or Printed Name)

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314