Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone Fax Number : (561)694-8107 : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

	RAAWAGG			
E-m-11	RAAMAGGA			

LLC REGISTERED AGENT CHANGE RLJ II - C MIRAMAR LESSEE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: RLJ II - C MIRA	MAR	LESSEE, LLC		
2. (a)	C/O RLJ LODGING TRUST Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) C/O RLJ LODGING TRUST Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
2. (u)					
	3 BETHESDA METRO CENTER, STE. 1000)	3 BETHESDA METRO CENTER, STE. 10		
	BETHESDA, MD 20814	-	BETHESDA, MD 20814		
	01/12/2007		M07000000229		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)					
(-	Registered Agent and Registered Office shown on the records of the NRAI SERVICES, INC	: Florida	Dopt. of State:		
	Registered Office Address (MUST BE FLORIDA STREET AD 1200 SOUTH PINE ISLAND ROAD	>DRESS	1		
	PLANTATION pr 3	33324			
			1		
(b)					
	Enter name of NEW Registered Agent and/or NEW Registered C	Mice ad	dress: Signal		
	Corporate Creations Network Inc.		dress:		
	NEW Registered Office Address:				
	11380 Prosperity Farms Rd. #221E				
	Palm Beach Gardens	33410			
the chagent was/v the ar	limited liability company is not organized under the lawstange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the liability liability of a member or authorized representative of a member or by accept the appointment as registered agent and agree	he reginated in the limited in the l	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company. Herie Hawk-Donohue, Attorney in Fact Printed or typed name of signes		
provi the ob to me notifi	eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p bligations of my position as registered agent as provided rely reflect a change in the registered office address, I he ed in writing of this change.	erform for in e ereby c	ance of my dulies, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Vother Valerie Hawk-Donohue, Special Secretary Signature of Registered Agent