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Florida Department of State

Division of Corporations:
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Division of Co.	rporations	
Account Name	: CORPORATE CREATIONS INTERNATIONAL	INC.
Account Number	: 110432003633	
Phone	: (561)694-8107 <u> </u>	_
Fax Number	: (561)694-1639	$\overline{\omega}$
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LLC REGISTE	RED AGENT CHANGE	2
	Fax Number Account Name Account Number Phone Fax Number l address for the ort mailings. En	l address for this business entity to be used for fort mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE FELCOR ST. PETE (SPE), L.L.C.

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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: FELCOR ST.	PETE	. (5	3PE), L	L.C.
2. (a)	125 E. JOHN CARPENTER FWY.	(b)	125 E.	JOHN CARPENTER FWY.
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	υ,	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 1600			SUITE	1600
	IRVING, TX 75062			IRVIN	G, TX 75062
	12/03/2007		Ν	/07/000	007060
3.	Date of filing/registration in Florida	4.	_	-	Document number
5. (a)	COGENCY GLOBAL INC.				
(-)	Registered Agent and Registered Office shown on the records of	the Floric	la (Dept of Sta	ate:
	115 NORTH CALHOUN ST.				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	S		
	SUITE 4				
	TALLAHASSEE FI	3230	1	- 2* :	
(b)	Corporate Creations Network Inc				- B - T
(-,	Enter name of NEW Registered Agent and/or NEW Registered	Office	dd	·e58:	2 6 17
	11380 Prosperity Farms Road				
	NEW Registered Office Address:				9 2 110 180
	#221E				<u>→</u>
	Palm Beach Gardens , FI	33410)		_
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address or will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the regiability of the line	ist cor mi Hi	ered offi ngany, it ted liabil ability co	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
Sign	ature of a member or authorized representative of a member			- THE A	Printed or typed name of signee
I hero provis the ob to mei notifie	ehy accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I din wyfing af this change.	ree to a perform d for in hereby	ct i na C.	n this ca nce of m hapter 60 nfirm tha	spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
	Carlos M Alavarez, Spec				

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