

ACCOUNT NO. :

072100000032

REFERENCE : 297808

138484A

AUTHORIZATION

COST LIMIT

ORDER DATE : July 6, 1999

ORDER TIME : 10:10 AM

ORDER NO. : 297808-010

CUSTOMER NO: 138484A

300002924863-

CUSTOMER: Ms. Barbara Lacy Felcor Lodging Trust

545 E John Carpenter Hwy.

Suite 1300

Irving, TX 75062

CHANGE OF AGENT

NAME: DJONT OPERATIONS, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

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

| Pursuant to the provision liability company submit agent, or both, in the state | ons of sections 608.416 is the following statement to of Florida. | or 608.508, Fla ut in order to ch | orida Statutes, the lange its registered | undersigned limited d office or registered |
|--|---|--|--|--|
| 1. The name of the limit | ed liability company is: 1 | DJONT Operation | ons, L.L.C. | |
| 2. The mailing address o | f the limited liability con | npany is : | | |
| 545 E. John Carpenter | Freeway, Suite 1300 | O, Irving, Te | xas 75062 | |
| July 27, 1994 | | | M94000000066 | |
| 3. Date of filing/registrat | ion in Florida | 4. D | ocument number | |
| The name of the regist Florida Department of | ered agent and the registe State: | ered office addre | ess as shown on the | records of the |
| | CT CORPORATION SYS | | | |
| | | Name | | |
| | 1200 South Pine Is | land Road Address | | 0 Z. = |
| | | | | 19 Jan |
| | Plantation, Florida | tate and Zip | - | E SR |
| 6. The name and address | 3, | * | : | SECRETARY OF STATE IN SECRETARY OF CORPORATIONS 99 JUL -7 PM 2: 45 |
| | Corporation Service | e Company | | N 2 |
| | 7 | Name | | # <u></u> |
| | 1201 Hays Street | | | · · · · · · · · · · · · · · · · · · · |
| | Florida street address (| (P.O. Box NOT | acceptable) | |
| | Tallahassee, Florid | da 32301 | | |
| | City, St | tate and Zip | | - |
| If the limited liability or confirmed that after the ch the business office of the company, it is hereby co majority of the members organization or the regular | nange or changes are made registered agent will be infirmed that the change of the limited liability | e, the Florida stra identical. Or, in (s) was/were au company or as | eet address of the re n the case of a Flo thorized by an aff | egistered office and rida limited liability irmative vote of a |
| Davience W. | Cobernan | <u> </u> | | |
| (Signature of a member or authorize Lawrence D. Robinson, | | | | |
| authorized representa | _ | , a member | | |
| (Printed or typed name of signee) | | | | - |
| I hereby accept the appo comply with the provision and I am familiar with document is being filed to limited liability company | ns of all statutes relative and accept the obligat merely reflect a chance in | e to the proper c tions of my pos a the registered o | act in this capaci and complete perfo sition as registere ffice address, I here | ty. I further agree to rmance of my duties, d agent. Or, if this by confirm that the |
| By: (Signature of Registered Agent) | Milos HSST V | L. | | |
| Divisio | n of Corporations, P.O. | - | shassee, FL 3231 | 4 |

FILING FEE: \$35.00

INHS18(9/97)