M95000000379

(Requestor's Name)
(requester s realite)
(Address)
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· ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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Brision of corporations

J. HARRIS



Change of Agent

Dissolution/Withdrawal

Fictitious Name

Reinstatement

Conversion

Merger

Other:

NCR National Corporate Research (Hong Kong) Limited, a Hong Kong Limited Company

NCR National Corporate Research (UK) Limited, Registered in England and Wales, Registry # 8010712

Albany Kong + London

Charlotte Chicago Dover Los Angeles New York	ahassee • Washington, D.C. • Hong
Date: 07/30/2015	Account #: 120000000088
Name: ERIC HOOD	
Reference #: C013815	
ENTITY NAME: FELCOR/CSS HOTELS, L.L.C.	
Articles of Incorporation/Authorization to Transact Business	
Amendment	
Annual Report	

Authorized Amount:

Signature:

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

Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company:	FELCOR/C	SS HOTELS, L.L.C.	
2. (a) Principal office address of limited line (Note: MUST BE STREET ADD)	ability company	545 E. John Carpenter Freewa	y, Suite 1300
(<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Irving, TX 75082	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		545 E. John Carpenter Freev	vay, Suite 1300
(HOIE. MAI BET OST OFFICE)	<u>502</u>)	Irving, TX 75062	
12/26/1995	_	M95000000379	
3. Date of filing/registration in Florida	4	4. Document number	
5. (a) Registered Agent and Registered Of	ffice shown on t	he records of the Florida D	ept. of State:
Registered Agent:		C T Corporation System	m
Registered Office Address:	1200 South Pine Island Road		
		Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Ag</u>	ent and/or NEV		
NEW Registered Agent:		National Corporate Resea	arch, Lto., Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	DDRESS)	115 North Calhoun St., Suite 4	
		Tallahosseo	,FL_32301
If the limited liability company is not organ confirmed that after the change or changes and the business office of the registered age liability company, it is hereby confirmed that the members of the limited liability companithe operating agreement of the limited liability.	are made, the Flort will be idention the change(s) you as otherwis lifty company.	orida street address of the i	registered office
Signature of a member or authorized representative of a m	ember		
Mark Thomas, Attorney in Fact	_		
Printed or typed name of signee		•	
I hereby accept the appointment as register comply with the provisions of all statutes reand I am familiar with and accept the obliging the condition of the condition of the condition of the limited line of the line of the limited line of the			I further agree to ance of my duties, is provided for in registered afficeing of this change.
Signature of Registered Agent Sean Honan, Ass	istant Secretar	у	
Division of Corporation	ıs, P.O. Box 632	27, Tallahassee, FL 3231	
NHS18 (12/13)	LING FEE: \$2	5.00	AM O: 0