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LLC REGISTERED AGENT CHANGE FELCOR/CSS HOTELS, L.L.C.

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Electronic Filing Menu

Corporate Filing Menu

FEC 2

STATEMENT OF CHANGE OF REGISTERED OFFICE OB 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.	Na	ame of the limited liability company: FELCOR/CS	S HOT	Ę١	S, L.L.	<u>C.</u>
2,	(a)	125 E. JOHN CARPENTER FWY.	(1	b)	125 E.	JOHN CARPENTER FWY.
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		- , . .:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		SUITE 1600	_	5	SUITE	1600
		IRVING, TX 75062		_	IEVINO	G, TX 75062
		12/26/1995		Μ	1950000	000379
3.		Date of filing/registration in Florida	4.			Document number
۲.	(a)	COGENCY GLOBAL INC.				
	(-,	Registered Agent and Registered Office shown on the records of 115 NORTH CALHOUN ST, SUITE 4	the Florid	a D	ept. of Star	e:
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>s)</u>		_
			· .		de la	-
		TALLAHASSEE	3230	11	\$4°	· ASS 量 T
	(b)	Corporate Creations Network Inc.	- 		"	TEN TEN
	` /	Enter name of NEW Registered Agent and/or NEW Registeres	I Office ad	dr	<u>:55</u> ;	TS TO
		11380 Prosperity Farms Road #221E				SEE A D
		NEW Registered Office Address:			-	FLORE II
		Palm Beach Gardens ,FI	33410)		, -
the age	cha nt v s/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the regi lability co of the lin	ste om oite	red offic pany, it i id liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
		Mull'	Ca	rlo	s M Alv	arez, Attorney-in-Fact
		ute of a member of authorized representative of a member				Printed or typed name of signee
I h pro the to I not	eret ovisio obli nere ified	ly accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in wriging of this change.	ree to act perform of for in t hereny c	t in ian Chi onj	this cap ce of my opter 60, on their	eacity. I further agree to comply with the duties, and I am familiar with and accept S. F.S. Or, if this document is being filed the limited liability company has been
S14	natus	Carlos M. Alvarez, Specia	al Secretar	ŋ [,]		
J: 2	, i ai Ui	To a register entrage in	D (22)	_		F7. 4-44.4

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