

P94000085246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

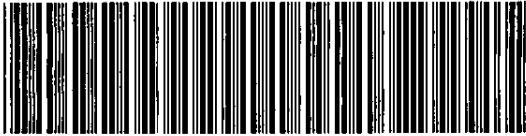
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAQUINTA, INC.
Name of Corporation

DOCUMENT NUMBER: P94000085246

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Susan M Mohorcic
Name of Contact Person

Payton & Associates, LLC
Firm/Company

2 South Biscayne Boulevard, Suite 1600
Address

Miami, Florida 33131
City/State and Zip Code

mohorcic@payton-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan M Mohorcic at (305) 372-3500 x12
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LAQUINTA, INC.

2. The principal office address: 2 SOUTH BISCAYNE BLVD, STE 1600, MIAMI, FL, 33131

3. The mailing address (if different):

4. Date of incorporation/qualification: 11/22/1994 Document number: P94000085246

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PAYTON & ASSOCIATES, LLC

2 S BISCAYNE BLVD STE 1600

MIAMI FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

OMM PROJECT INC. C/O CRISTINA POCATERRA

2751 N MIAMI AVE STE 7

P.O. Box NOT acceptable

MIAMI FL 33127-4439

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Veronica Maldonado, Secretary Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Cristina Pocaterra Signature of Registered Agent

08/25/11 Date

If signing on behalf of an entity:

CRISTINA POCATERRA Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314