

Document Number Only

S29210

C T Corporation System
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, FL 32301
City State Zip Phone

000002947380--8
-08/02/99--01090--011
*****35.00 *****35.00

CORPORATION(S) NAME

CP
Change

American General Hospitality of Florida

FILED
99 AUG -2 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Profit
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Connie

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Florida Department of State, Jim Smith, Secretary of State

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

FILED 09 AUG -2 AM 8:50 DEPARTMENT OF STATE TALLAHASSEE FLORIDA

1a. The name of the corporation is: American General Hospital of Florida, Inc.

1b. Date of incorporation 2/4/91 Document number 529210

2. The name and address of the current registered agent and office:

Mary Jo Carney c/o Powell, Carney, Hayes & Silverstein, P.A. Nations Bank Tower One Progress Plaza Suite 1210 St. Petersburg, FL 33701

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

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c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324

The street address of its registered agent 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.

SIGNATURE [Signature] DATE 7/28/99

Steven D. Jorns, President (Type or printed name and title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

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SIGNATURE BY: [Signature] Charles Shampang (Registered Agent) Assistant Secretary DATE 7/30/99

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

Filing Fee: \$35.00