Z 00301

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Bu	siness Entity Nar	me)
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Certified Copies	Certificates	s of Status
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03 JAN 28 PH 1: 30

Office Use Only



ACCOUNT NO. : 072100000032 REFERENCE: 829082 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: November 20, 2002 ORDER TIME: 1:59 PM ORDER NO. : 829082-015 CUSTOMER NO: 7138101 CUSTOMER: Ms. Lorna Kern Wyndham International Suite 6001 1950 Stemmons Frwy Dallas, TX 75207 CHANGE OF AGENT NAME: CARNICON-VENEZUELA HOTEL CONSULTANTS, L.C. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Carla E. Lohi -- EXT# 1132 EXAMINER:

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limite	d liability company is:	CARNICON-	VENEZUELA HOTE	L CONSULTAN	TS, L.	<u>c.</u> .
2. The mailing address of	the limited liability co	ompany is: _	1950 Stemmons	Freeway, Su	ite 60	01,
Dallas, TX 75207						
October 1, 1990			Z00301			
3. Date of filing/registrati	on in Florida		4. Document nu	mber		
5. The name of the registe Florida Department of S		stered office	address as shown	on the record	s of the	
-	Arvin	Peltz, Es	ď.	一 - シュ		1 U
		Name		5		- WELLER
	3250 Mary	y St., Suit	e 500	823	် ထွဲ	0
		Address	_	<u></u>		17
	Miam City.	State and Zi	3 D	→	. 	المراجعة المراجعة
6. The name and address of	•		-	E, FLGRIDA	JAN 28: PM 1: 30	
	Corporation	n Service (Company			
•		Name		-		
		lays Street				
	Florida street addres	s (P.O. Box)	NOT acceptable)			
	Tallahassee	FL	32301			
	City, S	State and Zip				
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited that the limited t	nange or changes are method the registered agent we reby confirmed that the diability company or f the limited liability company confirmed that the limited liability company or fixed	nade, the Flor ill be identicate change(s) was otherwise ompany.	rida street address	of the registe of a Florida l	red offic imited	
Laura R. Dunlap, Atto (Printed or typed name of signee)						
I hereby accept the appoint the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered a s of all statutes relativ d accept the obligation his document is being that the limited liabili	gent and agr e to the prop is of my posit filed to mere ty company l	ree to act in this co er and complete p tion as registered ly reflect a chang tas been notified i	apacity. I furn performance of agent as prove e in the regist in writing of t	her agre f my dui ided for ered offi his chan	ee to lies, lin lice ge.
(Signature of Registered Agent)	cos Cynthia	<u>L. H</u> arris agent				

FILING FEE: \$25.00

as its agent

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