## F030000000036

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ACCOUNT NO. : 07210000032 REFERENCE : 399261 4370110 AUTHORIZATION : COST LIMIT : \$ 35 ORDER DATE : January 13, 2008 ORDER TIME: 9:55 AM ORDER NO. : 399261-400 CUSTOMER NO: 4370110 CHANGE OF AGENT NAME: CHH III TENANT PARENT CORP. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Susie Knight

## 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 cha	r to change its registered office or registered agent, or both, in the State of Florida.
	he corporation: CHH III TENANT PARENT CORP.
2. The principal	
	ange Avenue, Suite 700, Orlando, FL 32801
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 12/05/2003 Document number: F0300006036
	street address of the current registered agent and registered office on file with the
	Stephanie J. Thomas
	420 S. Orange Avenue, Suite 700
	Orlando, Fl 32801
6. The name and (if changed):	Stephanie J. Thomas  420 S. Orange Avenue, Suite 700  Orlando, Fl 32801  street address of the new registered agent (if changed) and /or registered office  Corporation Service Company
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be poard, or the corporation has been notified in writing of the change.
( )	David J. Kimichik, President
I hereby accept I further agree t of my duties, an document is beil corporation has	(Printed or typed name and title)  the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this no filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. ion Service Company
	pature of Registered Agent) (Date)
_	malf of an entity:
	pet, Asst. VP
	yped 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 CR2E045 (8/05)