

# N05000005869

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Division of Corporations

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PAGE 03/04  
Page 1 of 1

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : TRIAD PROFESSIONAL SERVICES LLC COA  
Account Number : I20080000085  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

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## REGISTERED AGENT CHANGE

DIAMONDROCK ORLANDO AIRPORT OWNER, LLC

Certificate of Status	0
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EXAMINER

5/14/2009

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**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 limited liability company is: DiamondRock Orlando Airport Owner, LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_  
6903 ROCKLEDGE DRIVE, SUITE 800 BETHESDA MD 20817

10/19/2005  
3. Date of filing/registration in Florida

M05000005869  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY  
Name  
1201 HAYS STREET  
Address  
TALLAHASSEE FL 32301-2526  
City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.  
Name  
2731 Executive Park Drive, Suite 4  
Florida street address (P.O. Box NOT acceptable)  
Weaton FL 32331  
City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Sharon K. Gray  
(Signature of member or authorized representative of a member)

Sharon K. Gray, Attorney-in-Fact  
(Printed or typed name of signer)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Sharon K. Gray  
(Signature of Registered Agent)  
Sharon K. Gray, Assistant Secretary  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00