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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CTPROCOMPLY Account Number : 120100000053

Phone : (608)827-5300 Fax Number : (608)827-5501

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: khauser@247ht.com

LLC REGISTERED AGENT CHANGE 24 X 7 HOSPITALITY TECHNOLOGY, LLC

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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 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	r to change its registered offic	e of registered	
1. Name of the limited liability company: 24 X 7 HOSPI	npany: 24 X 7 HOSPITALITY TECHNOLOGY, LLC		
2. (a) Principal office address of limited liability company			
(Note: MUST BE STREET ADDRESS)	Geneva, Illinois 60134		
(b) Mailing address of limited liability company:	1770 S. Randall Road, S	uite A PMB 228	
(Note: MAY BE POST OFFICE BOX)	Geneva, Illinois 60134		
2/16/2007	M07000000941		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept.	of State:	
Registered Agent:	REGISTERED AGENTS LEGAL 155 OFFICE PLAZA DRIVE, SU		
Registered Office Address:	TALLAHASSEE FL 32301 US		
(b) Enter name of NEW Registered Agent and/or NEW	W Registered Office address:		
NEW Registered Agent:	C T Corporation System		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road,		
MICH BE TECHNIA DIRECT ADDICASO	Plantation,	FL33324	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited hability company or as other or the operation agreement of the limited hability company. Signature of a faculty or authorized representative of a member	orida street address of the regis ical. Or, in the case of a Florida was/were authorized by an affi wise provided in the articles of	tered office	
Todd Baker Sr., Member Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of am familiar with and accept the obligations of my pochapter 508, F.S. Or, if this document is being filed to metadares, I hereby confirm that the limited liability company		rther agree to of my duties, wided for in stered office this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			

INHS18 (05/08)

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