

A97000001443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

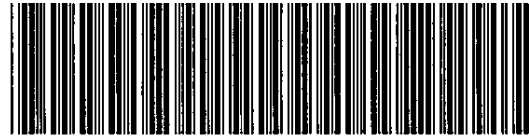
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Epoch-Florida Capital Hotel Partners Two, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A97000001443

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Grant T. Downing

Contact Person

Godbold, Downing & Bill

Firm/Company

222 W. Comstock Avenue, Suite 101

Address

Winter Park, FL 32789

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Grant T. Downing

Name of Contact Person

at ( 407 )

Area Code and Daytime Telephone Number

647-4418

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Epoch-Florida Capital Hotel Partners Two, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/30/1997  
Date of filing/registration in Florida

3. A97000001443  
Florida document number

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

C. Thomas Selby  
Name  
300 International Parkway, Suite 300  
Address  
Heathrow, FL 32746  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Grant T. Downing  
Name  
222 W. Comstock Avenue, Suite 101  
Florida street address (P.O. Box not acceptable)  
Winter Park FL 32789  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
Signature of General Partner

*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.*

[Signature]  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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