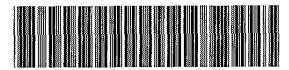
## MD0000001071

. (Re	questor's Name)	<u> </u>
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
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(Do	ocument Number)	
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FINE X





ACCOUNT NO. : 072100000032

REFERENCE :

917041

AUTHORIZATION

COST LIMIT :

ORDER DATE: February 3, 2003

ORDER TIME :

4:22 PM

ORDER NO. : 917041-130

CUSTOMER NO:

7365949

CUSTOMER: Ms Mindy Tillinghast

Boykin Lodging Company

Suite 1500

45 West Prospect Avenue Cleveland, OH 44115

CHANGE OF AGENT

NAME: BOYKIN FORT MYERS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

## 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.

	03 2 00 / 00000			
1. The name of the limited	d liability company is: _	BOYKIN FORT MYERS, LLC	_ = 125	
2. The mailing address of	the limited liability com	pany is :	<u> </u>	<del></del>
45 West Prospect A	ve., Guildhall Bldg.	, Suite 1500, Clevelan	d, OH 44115	
June 2, 2000		M00000001071		
3. Date of filing/registrati	on in Florida	4. Document num	nber	<del></del>
	red agent and the register	red office address as shown o		the
	CT Corpor	ation System		
	T I	lame	•	
	1200 South P	ine Island Road		
Address		£7 (	<del></del>	
Plantation, FL 33324 City, State and Zip			<u>.</u>	
	City, St	ate and Zip	22	
6. The name and address of	of the new registered ages	nt and/or office:	TINKY	NS MAR -5
	Corporation :	Service Company	<u>u</u>	R Cle
		me	200	
	1201 Hay	ys Street	무진	
- -		P.O. Box NOT acceptable)	5	~
	Tallahassee ]	FL 32301	· <del>* -</del>	٤
	City, Stat	te and Zip		
confirmed that after the ch	ange or changes are mad the registered agent will leby confirmed that the challity company or as the limited liability com	der the laws of the State of Fe, the Florida street address of the identical. Or, in the case nange(s) was/were authorized otherwise provided in the armany.	of the registered o	ffice
Laura R. Dunlap, Atto (Printed or typed name of signee)	rney in Fact		gr.e.	
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered ager s of all statutes relative to l accept the obligations of his document is being file that the limited liability of Jeanine Reyno	nt and agree to act in this cap the proper and complete pe of my position as registered a id to merely reflect a change company has been notified in <b>ids</b>	pacity. I further of prformance of my ugent as provided in the registered writing of this cl	igree to duties, for in office vange.

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