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PICK-UP WAIT MAIL

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(Business Entity Name)
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· Premier Corporate Services, Inc.

An affiliate of National Registered Agents, Inc.

208 South LaSalle Street, Suite 1855 Chicago, IL 60604

(312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

July 23, 2003

Via Regular Mail

Division of Corporations Florida Department of State 409 E. Gaines Street Tallahassee, FL 32399

RE: RLJ MAITLAND HOTEL, LLC

Dear Sir or Madam:

Enclosed please find a Statement of Change of Registered Agent for the above named referenced in your state. Also enclosed is a check for the required fee. Please file with your office and return evidence to my attention as noted on the transmittal letter.

If you have any questions, please don't hesitate to call using our toll free line at 1-800-934-2

Thank you.

Sincerely,

Wil Snodgrass

WS/ga Encl.

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.

agent, or both, in the S	*		· ·	
1. The name of the lin	nited liability company	y is: RLJ Maitla	nd Hotel, LLC	
2. The mailing addres	s of the limited liabilit	y company is:		
6903 ROCKLEDGE DR	., STE. 910, BETHESDA	A MD 20817	white lives a	
December 20, 2000			M0000002638	
3. Date of filing/regis	tration in Florida	-	4. Document number	r
5. The name of the reg Florida Department		registered office	address as shown on t	he records of the
-	CT Corporation Sy	stem		
•		Name		
	1200 South Pine Is		<u>.</u>	. ea
	•	Address		0 2
	Plantation, FL 333			3 <u>36</u>
	(City, State and 2	Lip	
6. The name and addre	ess of the new register	ed agent and/or	office:	O3 AUG 11 PM
	NRAI Services, Inc.			7 × × × × × × × × × × × × × × × × × × ×
		Name		T RA
	526 E. Park Avenue	e		1:54
•	Florida street ad	dress (P.O. Bo	NOT acceptable)	F 85
,	Tallahassee	FL 3230	1	
	Ci	ity, State and Zi	p	
confirmed that after the and the business offic liability company, it is the members of the linthe orderating agreement (Signature of a member or a	ne change or changes a	are made, the Fl nt will be ident at the change(s) by or as otherwi- lity company.	aws of the State of Flor orida street address of ical. Or, in the case of was/were authorized be se provided in the artic	the registered office
(Signature of Registered Ag	ppointment as register isions of all statutes re h and accept the oblig r, if this document is b firm that the limited li	red agent and a clative to the pro- cations of my po- eing filed to me lability compan	gree to act in this capa oper and complete perf sition as registered ago rely reflect a change in y has been notified in v	city. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.
Anthony J. Alexander, Di	Asst, Secretary vision of Corporation	ns, P.O. Box 63	27, Tallahassee, FL	32314

FILING FEE: \$25.00

INHS18(10/99)