

566

ACCOUNT NO.

072100000032

REFERENCE

155552

5042594

AUTHORIZATION

ORDER DATE: October 23, 2001

ORDER TIME :

2:06 PM

ORDER NO. : 155552-010

CUSTOMER NO:

5042594

CUSTOMER:

Ms. Kathy Worthington Kemmons Wilson, Inc.

1629 Winchester Road

Memphis, TN 38116

900004652139--0

CHANGE OF AGENT

WILSON HOTEL MANAGEMENT CO.,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

he undersione	ne provisions of sections 607. Ed corporation organized und	er the laws of the State of $_{}^{ t t t}$	ENNESSEE		
ubmits the fo ne State of Fl	llowing statement in order to orida.	change its registered office	or registered o	agent, or both, in	
. The name o	f the corporation : WILSON H	OTEL MANAGEMENT CO., INC			
			<u>- · </u>	i en tra	- ,
	g address of the corporation:_ TN 38130	1629 WINCHESTER RD P	.O. BOX 30185	AMF	<u> </u>
. Date of inc	corporation/qualification: 06/	09/1983 Docum	ent number: _ 85	56693	.
	and address of the current regi			O1 SECH	
	BRIAN LOWER				
	ORANGE LAKE COUNTRY CLUB	8 - 8505 W. IRLO BRANSON	MEMORIAL HWY	24 NY (
	KISSIMMEE, FL 34747			元。 B C	
i. The name a	and address of the new registe (P. C	red agent (if changed) and/o). Box Not Acceptable)	r registered off	ice (If changed):	
	Corporation Service Comp	oany	<u></u>		To the
	1201 Hays Street			E	<u> </u>
	Tallahassee, Florida 323	01			*
The street ad agent, as cha	dress of its registered office anged, will be identical.	and the street address of the	business offic	e of its registered	
Such change authorized b	was authorized by resolution y the board.	duly adopted by its board	of directors or	by an officer so	
	de .			2-01 te)	,
/ (Signat	ure of an officer, chairman or vice chair	irman of the board)	. (Du	,	
	Assistant Secretary (Printed or typed name and t	itle)			i ê
corporation,	named as registered agent of I hereby accept the appoints the to comply with the provisice of my duities, and I am familigent.	ions of all statutes relative t	o the proper a	nd complete	
	Deliverate de S	Ripper	/	0 / 23/01	
	(Signature of Registered Agent)		(Date)		
If signing on b	ehalf of an entity:	Deborah D. Skipper Asst. Secretary			_
	(Typed or Printed Name)		(Capacity)	••	-