

A 03000001504
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number: (850) 617-6383

From: Account Name: CORPORATION SERVICE COMPANY
Account Number: I20000000195
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE
HPT-CYPRESS GROVE ASSOCIATES, LTD.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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**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. HPT-CYPRESS GROVE ASSOCIATES, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/23/2003
Date of filing/registration in Florida

3. A03000001504
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:

Brian McDonough, Esq.
Name

150 W. Flagler Street, Suite 2200
Address

Miami, FL 33130
City, State and Zip

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

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301
City, State and Zip

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

Blanca Lozada
Signature of General Partner

Blanca Lozada, Attorney in fact on behalf of HPT-Cypress Grove, LLC, its 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.

Grace E. Kirby
Signature of Registered Agent

Grace E. Kirby, Assistant VP

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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