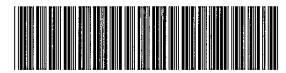
A04552

(Re	equestor's Name)				
(Ad	dress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Na	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to	Filing Officer:				
		108 ust			





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OS JAN 28 PH 1: 32



	ACCOUNT NO.	. :	072100000	032		
	REFERENCE	3 :	829082	7138101		
	AUTHORIZATION	1 :	latric	ia Pyjuto		
	COST LIMIT	Γ :		00		_
ORDER DATE	: November 20, 20	002				
ORDER TIME	: 2:14 PM					
ORDER NO.	: 829082-055				O3. ALL/	
CUSTOMER NO	7138101				JANZ	edin (m.)
	Ms. Lorna Kern Wyndham Internatio Suite 6001 1950 Stemmons Frwy Dallas, TX 75207	Y			28 PH 1: 32	
	CHANGE OF					
NAMI	e: DON CE SAR I	RESOR	T HOTEL, I	TD.		
PLEASE RETU	JRN THE FOLLOWING A	AS PR	OOF OF FIL	ING:		
	RTIFIED COPY AIN STAMPED COPY					
CONTACT PER	RSON: Carla E. Lol	hi	EXT# 1132	!		
			EXAMINER:			

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

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1 DON CE SAR RESORT	HOTEL, LTD.			
		Name of the limited partners	ship	
0.0-1-1		0.304550		
2. October 22, 1975 Date of filing/regis	tration in Florida	3_A04552	Document number assigned	
Date of Imaginging	auton in t torica		Doddinene namovi abbignes	
4. The name of the regi	stered agent and	the registered office add	lress as shown on the reco	rds of the Florida
Department of State:		-		
	CT Corporation			
		Name		-
	1200 South Pir	ne Island Road		
		Address		- F.
	Plantation, Fl	L 33324		AHA.
		City, State and Zip		2000 A 20
				$-\overset{\circ}{\Omega}\overset{\circ}{\gamma} = 0$
5. The name and address	ss of the new regi	stered agent and/or offic	ce:	TO REST
<u>C</u>	orporation Serv		· · · · · · · · · · · · · · · · · · ·	2 · · · · · · · · · · · · · · · · · · ·
		Name		32 10
1	201 Hays Stree	t		\$ -
_	Florida str	eet address (P.O. Box not	acceptable)	
Tal	llahassee	FI.	32301	
		City, State and Zip		
6. Such change(s) was/	were authorized b	by the general partners.		
. ^	6			
Strug P	Dund			
Signature of General Partner	9 10		•	
Laura R. Dunlap.	Attorney in F	act		
I hereby accept the appo	intment as registe	ered agent and agree to a	act in this capacity. I furth	er agree to comply
familiar with and accept	ut statutes retaits t the obligations o	of my position as registe	mplete performance of m red agent. Or, if this doci	ment is being filed
merely to reflect a chan	ge in the register	red office address, I her	eby confirm that the limit	ed partnership has
been notified in writing o	of this change.			
Corporation Service	Company			
Cantleman H	alrus cun	Maia I Navela		
Signature of Registered Ager	Series Cyli	thia L. Harris		
Digitation of Registered Agei	** a:	s its agent		

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00