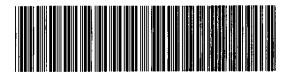
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| (Requestor's Name)                      |  |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| •                                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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SECRETARY OF STATE

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C. LEWIS OCT 26 2011 EXAMINER

## **COVER LETTER**

| 10:    | Registration Section Division of Corporations                 |                            |                     |  |
|--------|---|----------------------------|---------------------|--|
| SUBJ   | ECT: ROYAL PALM I   | BEACH CLEANE               | RS, LLLP            |  |
|        | Name of Limited Partnership                                   | or Limited Liability Limit | ted Partnership     |  |
| DOC    | UMENT NUMBER:   | A0800000042                | 25                  |  |
| fee(s) | nclosed Statement of Change of Regisare submitted for filing. |                            | gistered Agent and  |  |
| Please | return all correspondence concerning                          | this matter to:            |                     |  |
|        | STEVEN L. SPARKMAN  |                            |                     |  |
|        | Contact Person  | <del></del>                |                     |  |
|        | STEVEN L. SPARKMAN, P.  | .A.                        |                     |  |
|        | Firm/Company  |                            |                     |  |
|        | P.O. BOX 2058   |                            |                     |  |
|        | Address   |                            |                     |  |
|        | PLANT CITY, FL 33564-205                                      | 58                         |                     |  |
|        | City, State and Zip Code                                      |                            |                     |  |
|        | sls@sparklaw.com  |                            |                     |  |
| E-     | -mail address: (to be used for future annual re               | port notification)         | <del>-</del>        |  |
| For fu | rther information concerning this matt                        | er, please call:           |                     |  |
|        | STEVEN L. SPARKMAN  | at ( 813)                  | 759-1444            |  |
|        | Name of Contact Person  | Area Code and Dayti        | me Telephone Number |  |
| Enclos | sed is a \$35.00 check made payable to                        | the Florida Department     | nt of State.        |  |
| STRE   | ET ADDRESS:   | MAILING A                  | DDRESS:             |  |
|        | ration Section  | Registration Section       |                     |  |
|        | on of Corporations  | Division of Corporations   |                     |  |
|        | n Building  | P. O. Box 632              |                     |  |
|        | Executive Center Circle assee, FL 32301                       | Tallahassee, F             | FL 32314            |  |

## 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.

|  | ROYAL PALM BEAC   |                     |                         |                                  |
|--|---|---------------------|-------------------------|----------------------------------|
| Nam  | ne of Limited Partnership or Lin  | nited Liability Lim | ited Partnership        |                                  |
| 2. 04  | 1/08/2008   | 3.                  | A08000000425            |                                  |
| Date of filing/                                | registration in Florida   | F                   | lorida document numbe   | r                                |
| 4. The name of the reg<br>Department of State: | istered agent and the registered  | office address as s | shown on the records of | the Florida                      |
|  | KENNETH   | NIEMANN             |                         |                                  |
| _  | Nan   |                     |                         |                                  |
|  | 305 ENCLA   | /E CIRCLE           |                         | _                                |
| _  | Addr  | ess                 |                         | 7011<br>SI<br>TAI                |
|  | ATLANTA,  | GA 30342            |                         | ES 8                             |
|  | City, State   | and Zip             |                         | ZBII OCT 25 SECRETARY TALLAHASSI |
| 5. The name and Florid                         | la street address of the new regi   | stered agent and/o  | r offic <del>e</del> :  | S AM W. EL                       |
| _  | STEVEN L. S   | PARKMAN             |                         | FS                               |
|  | Nan   | ne                  |                         | OR S                             |
|  | 102 WEST REYNOLDS   | STREET, SU          | ITE 201                 | <b>D F</b>                       |
| _  | Florida street address (P.  |                     |                         |                                  |
| _  | PLANT CITY  | FL                  | 33563_                  |                                  |
|  | City, State   | and Zip             |                         |                                  |
| 6. Such change(s) is/ar                        | e effective when filed by the Flo   | orida Department o  | of State.               |                                  |
| AT!  |   | as President o      | of Integrity Hotel      | s, Inc.                          |
| Signature of General Pa                        | urtner  | General Partne      | er                      |                                  |
| comply with the provisi                        | ointment as registered agent an<br>ons of all statutes relative to the<br>an accept the obligations of my | proper and comp     | lete performance of my  | gree to<br>duties,               |
| Signature of Registered                        | Agent   |                     | •                       |                                  |
| Filing Fee:<br>Certified Copy (op              | \$35.00<br>stional): \$52.50  |                     |                         |                                  |