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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

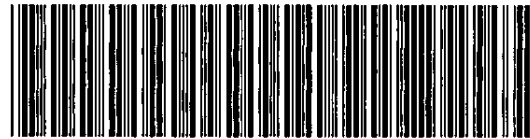
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT - 9 2013
T. HANLEY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VISTA CP ORLANDO, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A10000000264

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tyler J. Puddy, General Counsel
Contact Person

The Vista Group of Companies
Firm/Company

55 King Street West, Suite 801
Address

Kitchener, Ontario N2G 4W1
City, State and Zip Code

tyler@vistahospitality.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyler J. Puddy, Esq. at (519) 744-4400
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, 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.

1. VISTA CP ORLANDO, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. May 10, 2010 3. A10000000264
Date of filing/registration in Florida 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:

William Morrison, Esq. - Baldwin & Morrison, P.A.
Name

7100 South Highway 17-92
Address

Fern Park, Florida 32730
City, State and Zip

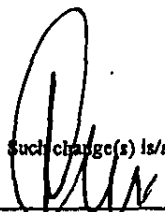
5. The name and Florida street address of the new registered agent and/or office:

Ana Maria Camacho, Esq. - Contreras Jonasz & Camacho P.A.
Name

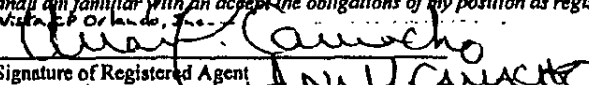
141 Almeria Avenue
Florida street address (P.O. Box not acceptable)

Coral Gables FL 33134
City, State and Zip

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


Signature of 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.


Signature of Registered Agent
Ana S. Vissam, President

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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