

A23451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

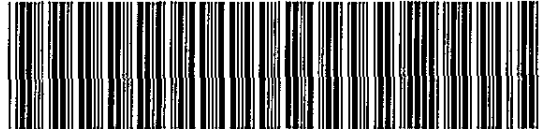
(Business Entity Name)

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 072617 7191210

AUTHORIZATION : *Patricia Pizuto*

COST LIMIT : \$ 35.00

ORDER DATE : April 28, 2003

ORDER TIME : 12:42 PM

ORDER NO. : 072617-265

CUSTOMER NO: 7191210

CUSTOMER: Vickie Engler
La Quinta Inns, Inc.
Suite 600
909 Hidden Ridge
Irving, TX 75038

08
APR 30 PM 4:26
FILED
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: LQM OPERATING PARTNERS, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

**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. LOM OPERATING PARTNERS, L.P., A DELAWARE LIMITED PARTNERSHIP

Name of the limited partnership

2. October 16, 1986

Date of filing/registration in Florida

3. A23451

Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

5. The name and 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) was/were authorized by the general partners.

Laura R. Dunlap

Signature of General Partner

Laura R. Dunlap, Attorney in Fact

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Corporation Service Company

Carla Lohi

Carla Lohi

Asst. Vice President

Signature of Registered 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**