

Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

DATE: 10/3

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-10/03/00--01043--023
*****35.00 *****35.00

Corporation(s) Name

Orlando North Hotel Partners, Ltd.

☐ Profit
☐ Nonprofit

☐ Amendment

☐ Merger

☐ Foreign
☐ LLC

☐ Dissolution
☐ Withdrawal

☐ Mark

☐ Limited Partnership
☐ Reinstatement
☐ UCC ☐ 1 or ☐ 3

☐ UBR
☐ Fictitious Name

☒ Other
☒ Ch. RA

***Special Instructions**

☐ Certified Copy
☐ Parts/amends/mergers ☐ Other-See Above

☐ Photocopies

☐ CUS

☒ Walk in

☒ Pick-up

☐ Will Wait

Please Return Filed Stamped
Copies To:

Carol Clark

Thank You!

3K 10/3

FILED
OCT -3 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
OCT -3 PM 12:06
DIVISION OF CORPORATION

**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 organized under the laws of the state of Florida, submits the following statement in order to change its registered office or registered agent, or both, the state of Florida.

1. Orlando North Hotel Partners, Ltd.

Name of the limited partnership

2. 08/09/1994

Date of filing/registration in Florida

3. A94000001805

Document number assigned

4. The name and address of the present registered agent and office:

Michael E. Wright

255 S. Orange Ave., Ste. 800

Orlando, FL 32801

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

CT Corporation System

1200 S. Pine Island Rd.

Plantation, FL 33324

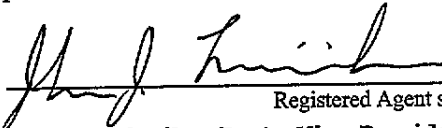
Such change was authorized by the general partners.


Signature of General Partner

9-28-00

Date

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.


Registered Agent signature
John J. Linnihan/Asst. Vice President

September 27, 2000
Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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