A 9 700000 2568

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

<u>.</u>	Corporation(s) Nai	ne -05/26/ *****3	-05/26/0001089018 *****35.00 *****35.00		
BCC	cc Hotel limited	Patheopie			
		, ,	=		
()Profit	()Amendment	()Merger	DO MAY 26		
)Nonprofit		(, 3	2 E		
()Foreign ()LLC	()Dissolution	()Mark	2: 36		
)Limited Partnership)Reinstatement	()Annual Report ()Reservation ()Fictitious Nan	Och. RA			
)Certified Copy	()Photocopies	()CUS			
XXX)Walk in	(XXX)Pick-up	()Will Wait			
Name Availability: Document Examiner: Jpdater:		Please Return Ex Copies File Stam To:			
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Thank You!

200003258912

mc 5/26

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 follow or both, in the state of Florida.	ing statement in ord	ler to change its r	egistered office	or registereda	gent 1
1. BCCC Hotel Limited Pa	rtnershin				क अंभू
1. December time.com re	Name of the li	imited partnership			- 3 900
	•				13 TO
2. 11-26-97	3.	A97000002568			المالية المالية
Date of filing/registration in F	lorida		ent number assigned	i	- o g
The name of the registered ag Department of State:	ard H. Briet Es	•	shown on the r	ecords of the Flo	rida .
	·				
3111	Stirling Road		 		· · · -
	Aud	ress			
Fort	Lauderdale, FI	33312		the contract of	
		tate and Zip		,	
1200 \$	poration System South Pine Islar Florida street address (P.	Vame and Road	rahla)	·	n Diseas Lit
	Florida street address (F.	.O. DOX <u>not</u> accept	<i>lauc)</i>		
	Plantation	FL 33324		_	
•	City, S	tate and Zip	Section 5.1	•	
6. Such change(s) was/were aut	horized by the gener	al partners.	AAATMAA		
BY: PAOC HOSPITALI	TY CORP. IT	- GENGEAL	PHEINEC		
D 1.1.X					
- Funtou /	earl A. Weld, U	an Real of			2
0.82		•	•		
I hereby accept the appointment with the provisions of all statut familiar with and accept the oblimerely to reflect a change in the heen notified in writing of this change in the control of the change in the cha	es relative to the programmes gations of my position e registered office ac	oper and complete on as registered ag	e performance of ent. Or. if this o	f my aunes, and locument is being	filed
	PETER F. SOUZA ASSISTANT SECRETARY		t- ·		· · · · · · · · · · · · · · · · · · ·
Signature of Registered Agent					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00