

A99 000000856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

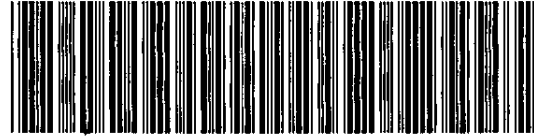
(Business Entity Name)

(Document Number)

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T. CLINE

JUN - 8 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Epoch-Florida Capital Hotel Partners, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A99000000856

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:

Grant T. Downing
Contact Person
Godbold, Downing & Bill
Firm/Company
222 W. Comstock Avenue, Suite 101
Address
Winter Park, FL 32789
City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Grant T. Downing at (407) 647-4418
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

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TALLAHASSEE, FLORIDA

**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. Epoch-Florida Capital Hotel Partners, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/26/1999
Date of filing/registration in Florida

3. A99000000856
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:

C. Thomas Selby
Name
300 International Parkway, Suite 300
Address
Heathrow, FL 32746
City, State and Zip

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

Grant T. Downing
Name
222 W. Comstock Avenue, Suite 101
Florida street address (P.O. Box not acceptable)
Winter Park FL 32789
City, State and Zip

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

[Signature]
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]
Signature of Registered Agent

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

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