

BO1000000302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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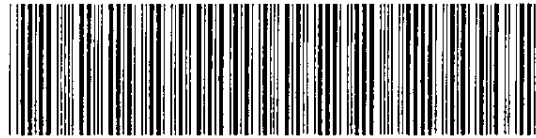
(Business Entity Name)

(Document Number)

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B. KOHR
JAN 15 2008
EXAMINER

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 399261 4370110

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : January 13, 2008

ORDER TIME : 9:06 AM

ORDER NO. : 399261-345

CUSTOMER NO: 4370110

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: AH HOTEL PARTNERS, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: _____

**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. AH HOTEL PARTNERS, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/30/2001

Date of filing/registration in Florida

3. B01000000302

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:

Stephanie J. Thomas

Name

420 S. Orange Avenue, Suite 700

Address

Orlando, FL 32801

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

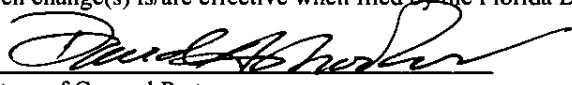
Florida street address (P.O. Box not acceptable)

Tallahassee

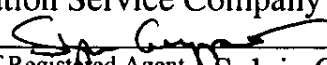
FL 32301

City, State and Zip

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


Signature of General Partner David A. Brooks, Vice President of AH Hotel GP, LLC,
general partner of AH Hotel Partners, LP

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.

Corporation Service Company
By: 

Signature of Registered Agent Sylvia Queppet, Asst. VP

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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