

BC3000000048

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRISM HOTEL PARTNERS, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B03000000048

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:

Myra Homer

Contact Person

Capitol Services Registered Agent Department

Firm/Company

800 Brazos, Suite 400

Address

Austin, Texas 78701

City, State and Zip Code

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

For further information concerning this matter, please call:

Myra Homer

Name of Contact Person

at (800) 345-4647

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

**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. PRISM HOTEL PARTNERS, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 2/4/2003

Date of filing/registration in Florida

3. B03000000048

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:

Incorporating Services, Ltd.

Name

1540 Glenway Drive

Street Address

Tallahassee

City

FL

State

32301

Zip Code

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

Capitol Corporate Services, Inc.

Name

155 Office Plaza Drive, Suite A

Street Address (P.O. Box NOT acceptable)

Tallahassee

City

FL

State

32301

Zip Code

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


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.

Delanie Case Delanie Case, Asst. Secretary on behalf
Signature of Registered Agent of Capitol Corporate Services, Inc.

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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