

B05000000506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

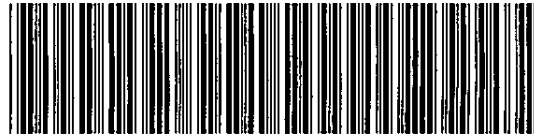
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 24 AM 11:14

J. BRYAN
OCT 27 2008
EXAMINER



**CAPITOL
SERVICES**

October 14, 2008

FLORIDA SECRETARY OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: **PLANTATION INN HOTEL, LP**

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Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #15218 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x353 at 800-345-4647.

Thank you,

Myra Simmons-Homer
Registered Agent Services
Enclosures

PO BOX 1831
AUSTIN, TX 78767

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLANTATION INN HOTEL, LP
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B05000000506

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 Corporate Services, Inc.

(Firm/Company)

800 Brazos, Suite 400

(Address)

Austin, Texas 78701

(City, State and Zip Code)

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

INHS04 (01/06)

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DIVISION OF CORPORATIONS
08 OCT 24 AM 11:11

**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. PLANTATION INN HOTEL, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/21/2005
Date of filing/registration in Florida

3. B05000000506
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 T Corporation System
Name

1200 South Pine Island Road
Address

Plantation, FL 33324
City, State and Zip

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
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] Per JGP
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 of Capitol Corporate Services, Inc.
Signature of Registered Agent

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

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DIVISION OF CORPORATIONS
08 OCT 24 AM 11:11