## B08000000045

(Requestor's Name)			
(Address)			
(Address)			
· (Ci	ty/State/Zip/Phon	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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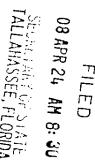
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B. KOHR

APR 2 5 2008

**EXAMINER** 





ACCOUNT NO. :	072100000032			
REFERENCE :	527039 7454283			
AUTHORIZATION (	Spullenan = 8			
COST LIMIT :	Spelle man 188 PR 24 FR			
ORDER DATE : April 13, 2008	LEU SEE, FLORI			
ORDER TIME : 9:38 AM				
ORDER NO. : 527039-490	NO A			
CUSTOMER NO: 7454283				
CHANGE OF AGENT				
NAME: HPT MANAGEMENT SERVICES LP				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Cindy Harris				
EXAM	INER'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.

	GEMENT SERVICES, I			
Na	ame of Limited Partnership or Limi	ted Liability Limited Partnership		
2. 02/29/2008		3. B08000000045		
Date of filing/registration in Florida Florida document nu		Florida document number		
4. The name of the ro Department of State:	egistered agent and the registered o	ffice address as shown on the records of the Florida		
	C T Corporation System	n		
Name				
1200 South Pine Island Road				
Address				
Plantation, FL 33324				
	City, State a	nd Zip 2		
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:  Corporation Service Company  Name  1201 Hays Street				
Corporation Service Company				
Name				
	1201 Hays Street	Dr.		
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.				
I hereby accept the ap comply with the provi and I am familiar with	en, Authorized Person on oppointment as registered agent and isions of all statutes relative to the plant accept the obligations of my pervice Company	behalf of IMS, LLC - General Partner agree to act in this capacity. I further agree to proper and complete performance of my duties, assistion as registered agent.  Syson, Asst. Vice President		
Certified Copy (o				

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