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Office Use Only



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J. BRUCE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: January 10, 2014

Order#: 878095-120

Re: HERSHA HOSPITALITY MANAGEMENT L.P.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

2014 JAN 14 PH 1: 21

## 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. H	ERSHA HOSPITALITY	' MANAGE	EMENT,	, LP
Nan	ne of Limited Partnership or Limite	d Liability Lim	ited Partner	ship
2. 0	01/11/2011		B11000000008	
Date of filing/registration in Florida		3	Florida document number	
4. The name of the reg Department of State:	gistered agent and the registered off	ice address as s	hown on the	e records of the Florida
	C T Corporatio	n System		
·	Name			•
_	1200 South Pine	Island Road		_
	Address	3		-
	Plantation	FL_	33324	_
	City, State an	ıd Zip		•
5. The name and Flori	da street address of the new registe	red agent and/o	r office:	
	Corporation Service	ce Company	/	
-	Name		<u> </u>	
	1201 Hays Street			.) ?}
-	Florida street address (P.O. Box not acceptable)			·
	Tallahassee	FL	32301	
•	City, State an	<del></del>		-
6. Such change(s) is/a	re effective when filed by the Florid	da Department o	of State.	
11	//	1		
Signature of General P	artner			
Naveen Kakarla, Manag	er/Member on behalf of HHM GP, LLC			
I hereby accept the app comply with the provis	pointment as registered agent and a ions of all statutes relative to the pi	igree to act in ti	his capacity. Jete perform	. I further agree 10
and I am familiar with	an accept the obligations of my po-	sition as registe	red agent.	unce of my duties,
By: Corporation	on Service Company			
Signature of Registered	d Agent Sylvia Queppet, Asst. VP			
Du: D	C2 - 00			
Filing Fee: Certified Copy (o)	\$35.00 ptional): \$52.50			