2014 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT# B12000000107

Entity Name: HOTEL PERRY L.P.

FILED Aug 28, 2014 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1357 E. LAFAYETTE ST 2399 S BYRON BUTLER PKWY

TALLAHASSEE, FL 32301 PERRY, FL 32348

Current Mailing Address: New Mailing Address:

1357 E. LAFAYETTE ST
TALLAHASSEE, FL 32301

610 N. SANTA ANITA AVE.
ARCADIA, CA 91006

FEI Number: 27-1315174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARRIER SERVICES OF FLORIDA CRAIN, EMILY

1357 E. LAFAYETTE ST 2399 S BYRON BUTLER PKWY TALLAHASSEE, FL 32301 US PERRY, FL 32348 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EMILY CRAIN 08/28/2014

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #:

Name: YALAMANCHILI, RAO R

Address: 224 S SANTA ANITA AVE
City-St-Zip: ARCADIA, CA 91006

Address: 610 N. SANTA ANITA AVE.
City-St-Zip: ARCADIA, CA 91006

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Document #:

Name: KONERU, SUNITA

 Address:
 224 S SANTA ANITA AVE
 Address:
 610 N. SANTA ANITA AVE.

 City-St-Zip:
 ARCADIA, CA 91006
 City-St-Zip:
 ARCADIA, CA 91006

Document #:

Name: YALAMANCHILI, SRINIVAS

Address: 224 S. SANTA ANITA AVE
City-St-Zip: ARCADIA, CA 91006

Address: 610 N. SANTA ANITA AVE.
City-St-Zip: ARCADIA, CA 91006

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: RAO R. YALAMANCHILI GP 08/28/2014