## Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) ☐ Pick up time Certified Copy ■ Walk in ☐ Will wait Photocopy ☐ Mail out Certificate of Status **NEW FILINGS AMENDMENTS** Amendment Profit Resignation of R.A., Officer/Director ■ Not for Profit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/QUALIFICATION **OTHER FILINGS** Annual Report Foreign Limited Partnership Fictitious Name Reinstatement Trademark Other

**Examiner's Initials** 

## LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the p	rovisions of sections 620.105 and 620.1051, Florida Stat	utes, the undersi	gned limited	
partnership organized under the laws of the state of Delaware			, submits the	
following stateme	nt in order to change its registered office or registered a	gent, or both, in	the state of	
Florida.				
Lodging Opports	unities L.P.		,	
	Name of the limited partnership			* .: <u>-</u>
2. June 22, 1993	3. B93000000264		-	
Date of filin		nt number assigned	·	
4. The name and a	address of the present registered agent and office:			
	CT Corporation System			
	1200 South Pine Island Road		184 187 20	
	Plantation FL 3324	_	CRI	-
5. The name and s	street address of the successor registered agent and office: (l	P.O. Box not acce	eptable)	<u> </u>
	NRAI Services, Inc.		Y OF PR	LED
_*	526 E. Park Avenue		1 3: 1 STAT FLORI	
	Tallahassee, FL 32301		RED -5	. ,
Such change was a	authorized by the general partners.			
Lodgin/g/Op	portunities Corporation	•	•	
	d'Oregon Dece	ember 42	, 2001	
and agree to act in	Is signalle of General Partner  J. Wesmer, Sec.  Led as registered agent and to accept service of process  place designated in this certificate, I hereby accept the ap  n this capacity. I further agree to comply with the provision  lete performance of my duties, and I am familiar with an	Date  for the above s  pointment as reg  ns of all statutes r	stated limited sistered agent	
<u>JU</u>	meda Nangel  Registered Agent signature  Decemb	per 13, 21	001	
Almeda M.	Nancel, Asst Sec	Date		

Filing Fee: \$35.00