

B94000000259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

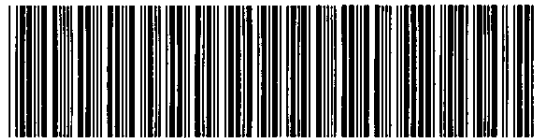
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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SECTION OF CORPORATIONS

JUL 31 2015

J. HARRIS

Date: 07/30/2015

Account #: I20000000088

Name: ERIC HOOD

Reference #: C013815

ENTITY NAME: FELCOR LODGING LIMITED PARTNERSHIP

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Annual Report
- ☒ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: \_\_\_\_\_

Authorized Amount: \$35

Signature: Eric Hood

**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. FELCOR LODGING LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. July 5, 1994 3. B94000000259  
Date of filing/registration in Florida Florida document number

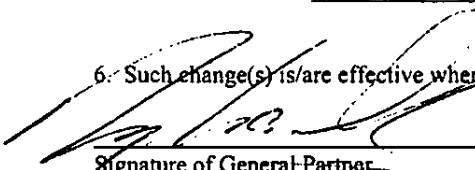
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System  
Name  
1200 South Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip

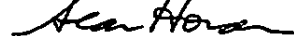
5. The name and Florida street address of the new registered agent and/or office:

National Corporate Research, Ltd., Inc.  
Name  
115 North Calhoun St., Suite 4  
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 of General Partner **Mark Thomas, Attorney in Fact**

*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.*

  
Signature of Registered Agent **Sean Honan, Assistant Secretary**

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

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