## F00000003793

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(Cit	y/State/Zip/Phone	· #)		
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Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: June 5, 2015

Order#: 652560-023

Re: TAMPA HOTEL - VEF IV OPERATOR, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

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: Janis M. Smith 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

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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: July 1, 2015

Order#: 652560-023

Re: TAMPA HOTEL - VEF IV OPERATOR, INC.

Enclosed please find:

XX Change of Registered Agent and Office.
FUNDS\_ON\_ACCOUNT\_CORRECTED\_DOCUMENT\_ATTACHED

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: Janis M. Smith 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





June 22, 2015

JANIS M SMITH CORPORATION SERVICE COMPANY 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808

SUBJECT: TAMPA HOTEL - VEF IV OPERATOR, INC.

Ref. Number: F00000003793

We have received your document for TAMPA HOTEL - VEF IV OPERATOR, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new registered agent must sign the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 315A00013016

Diane Cushing Senior Section Administrator

www.sunbiz.org

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 6. inge is submitted for a corporation r to change its registered office or	organized under the la	tws of the State of _	Delaware
1. The name of t	he corporation: TAMPA HOTEL -	VEF IV OPERATOR,	INC.	
2. The principal	office address: 3340 Peachtree R	oad, #1660, Atlanta, G	GA 30326	
3. The mailing a	ddress (if different):			
4. Date of incorp	corporation/qualification: 07/06/2000 Document number: F00000003793			
	street address of the current regist tment of State: (If resigned, enter r		ed office on file wi	th the
	C T Corporation System			
	1200 South Pine Island Road		·	
	Plantation	FL	33324	SECS 5
6. The name and (if changed):	street address of the new registere	ed agent (if changed) ar	nd /or registered off	(1) (n) (1)
	Corporation Service Company			
	1201 Hays Street			
	P.O. B	ox NOT acceptable		•
	Tallahassee	FL	32301	
The street addre as changed will	ss of its registered office and the be identical.	street address of the bu	isiness office of its	registered agent,
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	lopted by its board of a	directors or by an coof the change.	officer so
_ 9n	mylghell	Joseph A. Hill		Treasurer
I hereby accept in I further agree to performance of a agent. Or, if this hereby confirm in	the appointment as registered age of appointment as registered age of comply with the provisions of all may duties, and I am familiar with s document is being filed merely that the corporation has been not in Service Company	ent and agree to act in	ed or typed name and title this capacity. he proper and comp tion of my position he registered office change.	
By:	sature (of Régistered Agent		30- Je1 (	
Signing on bel			Date	
Sylvia Queppet	, Asst. Vice President			
Ty	ped or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*