F0/000002152

(Requestor's Name)				
(Address)				
.(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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ON SERVICE COMPANY.				
1	ACCOUNT NO.	:	07210000	0032
	REFERENCE	:	580743	7523987
	AUTHORIZATION	:		
	COST LIMIT	:	\$ 35.00	Spullelens
ORDER DATE :	May 22, 2008	-		0
ORDER TIME :	10:14 AM			
ORDER NO. :	580743-210			
CUSTOMER NO:	7523987			
	·			
CHANGE OF AGENT				
NAME:	CONCORD HOSPITE			
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FII	ING:
CERTIF				
CONTACT PERSON	: Jeanine Revnol	lds		

EXAMINER'S INITIALS:

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

statement of cha	inge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of Delaware red agent, or both, in the State of Florida.
1. The name of t	the corporation: CONCORD HOSP	ITALITY ENTERPRISES COMPANY
2. The principal	office address: 8601 Six Forks Roa	ad, Forum 1, Suite 540
Raleigh, I	NC 27615	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 04/18/2001	Document number: _F01000002152
	I street address of the current registered ag trnent of State:	ent and registered office on file with the
	C T Corporation System	
	1200 South Pine Island Road	T SECTION TO
	Plantation, FL 33324	
6. The name and (if changed):	street address of the new registered agent	
	Corporation Service Company	
	1201 Hays Street	****
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street addre as changed will	ess of its registered office and the street a be identical.	ddress of the business office of its registered agent,
Such change wa authorized by th	es authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.
May (Signatu	re of an officer or director)	Maureen Cullen, Attorney In Fact (Printed or typed name and title)
I further agree to of my duties, and document is being corporation has	d I am familiar with and accept the oblic ng filed merely to reflect a change in the been notified in writing of this change.	
By:	ion Service Company	May 20, 2008
(Sig	nature of Registere Agent)	(Date)
If signing on bel	half of an entity:	
	pet, Assistant Secretary yped 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 * * *