Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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REGISTERED AGENT CHANGE .

REGISTERED AGENT CHANGE REGISTERED AGENT CHAN			
E ROSSR	OADS HOSPITALITY MANAC	GEMENT C	OMPANY
RPOR			
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DIVISION OF	Certificate of Status Certified Copy	0	
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©	Estimated Charge	\$35.00	

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

the undersigned corporation organized under the la submits the following statement in order to change the State of Florida.	ws of the State of Delawase its registered office or registered agent, or both, in
1. The name of the corporation : Crossroads Hospitality	Management Company
2. The mailing address of the corporation : Foster Plan	a X, 680 Anderson Drive, Pittsburgh, PA 15220
3. Date of incorporation/qualification: Jan. 16, 2002	Document number: F02000000256
4. The name and address of the current registered ag	ent and office:
Corporation Service Company	48 %
1201 Hays Street	
Tallahassoc, FL 32301-2525	S S S
5. The name and address of the new registered agent (P. O. Box No	(if changed) and/or registered office (if changed): (Acceptable)
C T Corporation System	
c/o C T Corporation System, 1200 South P	ine Island Road.
Plantation, Florida 33324	
The street address of its registered office and the stragent, as changed, will be identical.	ect address of the business office of its registered
Such change was authorized by resolution duly adopauthorized by the board.	pted by its board of directors or by an officer so
(Signature of an offices, charpen or vice chairmen of the b	(Date)
udith B Argan, Secretary	
(Primed or typed name and title) Having been named as registered agent and to acce corporation, I hereby accept the appointment as reg I further agree to comply with the provisions of all s performance of my duties, and I am familiar with an registered agent.	pt service of process for the above stated istered agent and agree to act in this capacity. Statutes relative to the proper and complete and accept the obligation of my position as
CT Corporation System By:	6-11-87
(S) gradute of Registered Agent)	(Date)
if signing on behalf of an ostity:	
Susan L. Eldred (Typed or Frinted 1931) Secretary & V. F	ge resident (Capacity)
* * * FILING FE	E: \$35.00 * * *

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL. 32314