## F02000004555

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## **CT** CORPORATION

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CORPORATION(S) NAME		
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2) ASSA ABLOY Hospitalit	y Inc.	
THE TAXABLE PARTY.	C13/mt	
	T-7779	
		Principal de la constantina della constantina de
() = -		
( ) Profit ( ) Nonprofit	() Amendment	() Merger
() Foreign	( ) Dissolution/Withdrawal	() Mark
	() Reinstatement	•
() Limited Partnership	() Annual Report	() Other
()LLC	() Name Registration	(x) Change of RA
• •	() Fictitious Name	() UCC
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

ursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  e undersigned corporation organized under the laws of the State of Texas  bmits the following statement in order to change its registered office or registered agent, or both, in	
e State of Florida.	
The name of the corporation : ASSA ABLOY Hospitality Inc.	
The mailing address of the corporation: 9333 Forest Lane, Dallas, TX 75243	-
Date of incorporation/qualification: 09/5/2002 Document number: F02000004555	-
The name and address of the current registered agent and office:	
Karen Winker	
931 Wekiva Spring Rd.	
Longwood FL 32779	•
The name and address of the new registered agent (if changed) and/or registered office (iPthanged):  (P. O. Box Not Acceptable)	
C T Corporation System	
c/o C T Corporation System, 1200 South Pine Island Road,	
Plantation, Florida 33324	
e street address of its registered office and the street address of the business office of its registered ent, as changed, will be identical.	
ch change was authorized by resolution duly adopted by its board of directors or by an officer so thorized by the board.	
Jeffrey 9 Neverkay 10/16/02	
(Signature of an officer, chairman or vice chairman of the board)	
tving been named as registered agent and to accept service of process for the above stated reporation, I hereby accept the appointment as registered agent and agree to act in this capacity. Wither agree to comply with the provisions of all statutes relative to the proper and complete reformance of my duties, and I am familiar with and accept the obligation of my position as gistered agent.  I Corporation System	•
(Signature of Registered Agent) (Date)	
igning on behalf of amentity:  SALVINA AMENTA- FRAU SPEC. ASST. SECRETAR	RI
(Typed or Printed Name) (Capacity)	
·	

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314