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(1	Requestor's Name)			
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C. Coulliste LPR 0 8 2003

## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 04-08-03

NAME: HOTEL HATS, INC.

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: \$35.00

RETURN:

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

Pursuant to the	provisions of sections 607.0502,	617.0502, 607.1508, or 617.1508, F	'lorida Statutes,
this statement of Colorado	, -	ation organized under the laws of the l tered office or registered agent, or be	<del>-</del>
of Florida.			
1. The name of	the corporation: Hotel Hats, Inc.		
2. The principal	office address: 2229 Broadway St	reet, Boulder, CO 80302	_ <u>F</u>
3. The mailing	address (if different):		- 8 - 8 - 8
			THE P
4. Date of incor	poration/qualification: 09/18/02	Document number: F02	F-0, 22
	d street address of the current registrement of State:	tered agent and registered office on fil	
•	Pat Nibra		
	10272 11 Emerid	Coast Plum	
	2000 13 200	-	
	176212 1-1 3322	30	
	nd street address of the new regis	tered agent (if changed) and /or regi	stered office (if
changed):	Registered Agents Legal Services,	Inc	_
	1333 North Duval Street		-
	(P.O. Box or personal	mailbox NOT acceptable)	-
	Tallahassee, FL 32302		_
The street addragent, as chang	ess of its registered office and the ged will be identical.	street address of the business office of	of its registered
	_ \	dopted by its board of directors or by een notified in writing of the change.	an officer so
(Signature of an office	r, chairman or vice chairman of the board)	(Printed or typed name and title)	
nertormance o	i my duties, and I am tamiliar with	ent and agree to act in this capacity. Il statutes relative to the proper and and accept the obligation of my pos led merely to reflect a change in the r tion has been notified in writing of th	ition as
Much	W. Capley	4/7/03	
	Signature of Registered Agent)	(Date)	
If signing on beha	If of an entity: al W. Ashley	Vice President	
	Typed or Printed Name)	(Capacity)	
	• • •	\	

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