Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone

: (950)521-1000

Fax Number

: (850)558-1575

REGISTERED AGENT CHANGE

JRC ORLANDO HOTELS, INC.

Certificate of Status	0
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Estimated Charge	\$35,00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of ch	ange is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, arized under the laws of the State of ^{Illizois} Istered agent, or both, in the State of Florida	
	the corporation: IRC ORLANDO HOTE	•	
		Suite 1300, Chicago, IL 60611	
3. The mailing	address (if different): 980 Kelly Johnson	Drive, Las Vegas, NV 89119	
4. Date of incor	poration/qualification: 07/20/2004	Document number: F04000004125	
5. The name and	,	agent and registered office on file with the	
	NRAI Services, Inc.		
	2731 Executive Park Drive, Suite 4		
	Weston, FL 33331		8 8
6. The name and (if changed);	d street address of the new registered ag	ent (if changed) and /or registered office	JUN 24
	Corporation Service Company	·	A P
	1201 Hays Street		
	(P.O. Box NOT acceptate	(alc)	
	Tallahassee, FL 32301		2.
The street address changed will	ess of its registered office and the street be identical	et address of the business office of its regist	ered agent,
Such change we authorized by the	as authorized by resolution duly adopt the board, or the corporation has been to	ted by its board of directors or by an officer notified in writing of the change. DONALD A. SMITH	'8C
- research	ire of all ornicer of director)	CHAIRMAN, CEO, DIRECTOR (Princed of typed name and title)	·
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent of to comply with the provisions of all st all am familiar with and accept the of ing filed merely to reflect a change in been notified in wriging of this chang	and agree to act in this capacity. Autres relative to the proper and complete publication of my position as registered agent the registered office address, I hereby confi te.	erformance Or, if this rm that the
By:	Service Company	1/24/208	
200	plante of Registered Agent)	(Date)	
٠	half of an entity:		
	S its agent (yped or Printed Name)		
,	.,	ÆE: \$35.00 * * *	

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

CR2E045 (8/05)