## F05000006748

(Requestor's Name)	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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Office Use Only



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10/20/08--01069--007 \*\*35.00



10/30/08



October 14, 2008

FLORIDA SECRETARY OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: PLANTATION INN HOTEL GP, INC.

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #15220 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x353 at 800-345-4647.

Thank you,

MSH

Myra Simmons-Homer Registered Agent Services

**Enclosures** 

PO BOX 1831 AUSTIN, TX 78767

## **COVER LETTER**

OUD ID OF	DI ANTATIONI NIN HOTEL GD. INC
SUBJECT:	PLANTATION INN HOTEL GP, INC. (Name of Corporation)
DOCUMENT NU	UMBER: F05000006768
The enclosed State	ement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all c	correspondence concerning this matter to the following:
And the Control of th	Myra Homer (Name of Contact Person)
	(Name of Contact Person)
	Capitol Corporate Services, Inc. (Firm/Company)
	• • • • • • • • • • • • • • • • • • • •
	800 Brazos, Suite 400
•	(Address)
-	Austin, Texas 78701 (City/State and Zip Code)
	• •
or further inform	nation concerning this matter, please call:
	Myra Homer at (800) 345-4647  [ame of Contact Person] (Area Code & Daytime Telephone No

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delawate in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PLANTATION INN HOTEL GP, INC.
2. The principal office address:
13760 Noel Rd., Ste. 610, Dallas, TX 75240
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/21/2005 Document number: F05000006768
5. The name and street address of the current registered agent and registered office on file with the  Florida Department of State:
C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Capitol Corporate Services, Inc.
155 Office Plaza Drive, Suite A (P.O. Box NOT acceptable)
Tallahassee Florida 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an othicer or diffesion)  Tohun Bailey Presnoluct  (Printed or typed pane and title)
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Ollanie Case 10-13-08
(Signature of Registered Agent)  If signing on behalf of an entity:
Delanie Case, Asst. Secretary on Behalf of Capitol Corporate Services. Inc.

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

(Typed or Printed Name)