F07000004911

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SUFFICIENCY OF FALME

SECRETARY OF STATE OF CORPORATION

FEB - 6 2013 T. BROWN

R.A.



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 518522

AUTHORIZATION :

COST LIMIT : \$ 35.00/

ORDER DATE: February 1, 2013

ORDER TIME : 2:38 PM

ORDER NO. : 518522-014

CUSTOMER NO: 7917447

CHANGE OF AGENT

NAME: WINSTON HOSPITALITY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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, this tatement of change is submitted for a corporation organized under the laws of the State of North Carolina in order to change its registered office or registered agent, or both, in the State of Florida.	3
. The name of the corporation: WINSTON HOSPITALITY, INC.	
. The principal office address:	
. The mailing address (if different):	
. Date of incorporation/qualification: 10/01/2007 Document number: F07000004911	
. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Capitol Corporate Services, Inc.	
155 Office Plaza Drive, Suite A	22
Tallahassee, FL 32301	. V
The name and street address of the new registered agent (if changed) and /or registered office (if changed):	OVISION OF CORPORA
Corporation Service Company)RPC
1201 Hays Street)RAI
P.O. Box NOT acceptable	<u> </u>
Tallahassee, FL 32301	(A)
he street address of its registered office and the street address of the business office of its registered agent s changed will be identical.	t,
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.	
Seb- fleves Deb Reeves, Vice President	
Signature of an officer of director hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar with and accept the obligation of my position as registered gent. Or, if this document is being filed merely to reflect a change in the registered office address, I ereby confirm that the corporation has been notified in writing of this change. Corporation Service Company	
By: January 31, 2013	
signing on behalf of an entity:	
Sylvia Queppet, Asst. VP Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tailahassee, FL 32314 CR2E045 (03/12)