## F93000004385

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AUG 11 2010

**EXAMINER** 



PORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 472720

7788532

AUTHORIZATION :C

COST LIMIT

ORDER DATE: August 9, 2010

ORDER TIME : 9:47 AM

ORDER NO. : 472720-006

CUSTOMER NO: 7788532

## CHANGE OF AGENT

NAME: MCKIBBON HOTEL GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XXX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:



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

		2, 607.1508, or 617.1508, Florida Statutes, thized under the laws of the State of $\overline{G}$ corgia	is	
		red agent, or both, in the State of Florida.		
1. The name of	the corporation: MCKIBBON HOTEL	GROUP, INC.	<del></del>	
2. The principal	office address: 402 Washington Street	SE, Suite 200, Gainesville, GA 30503		
	M. M			
3. The mailing a	address (if different): P.O. Box 1018, Ga	ninesville, GA 30503		<del></del>
4. Date of incorp	poration/qualification: 09/28/1993	Document number: F93000004385		
	d street address of the current registered age	gent and registered office on file with the		
	CT Corporation System			
	1200 South Pine Island Rd.			蛛
	Plantation FL 33324		10	SI SI SI SI SI SI SI SI SI SI SI SI SI S
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered office	O AUG 11	CRETARY 10N OF C
	Corporation Service Company		P <b>X</b>	
	1201 Hays Street		Ü	
	(P.O. Box NOT acceptable)		29	
	Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the street is be identical.	address of the business office of its registere	d agent	,
Such change w authorized by t	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	)	
Blum	u Frysch	Blanca Lozada, Attorney in Fact		
I hereby accept I further agree of my duties, ar document is be corporation ha	ure of an officer or director)  the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the obli ing filed merely to reflect a change in the s been notified in writing of this change.	(Printed or typed name and title) d agree to act in this capacity. utes relative to the proper and complete perj igation of my position as registered agent. C e registered office address, I hereby confirm	formanc Or, if thi 1 that the	e S
By:	on Service Company	08/09/2010		
( <b>b</b> )	gnature of Acgustered Agent)	(Date)		
If signing on be	ehalf of an entity:			
Sylvia Quepp				
	Typed or Printed Name)			
	* * * FILING FE	.E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)