000004

ACCOUNT NO. : 07210000032

REFERENCE : 529654

5050639

AUTHORIZATION

COST LIMIT : \$ 35.00⁷⁷

ORDER DATE: September 15, 1997

ORDER TIME : 9:39 AM

ORDER NO. : 529654-025

CUSTOMER NO:

5050639

300002317283--3

CUSTOMER: Mr. Robert Sacco

Horizon Hotels Limited 442 State Highway 35 South Cranberry Commons, Building A Eatontown, NJ 07724

CHANGE OF AGENT

NAME:

HORIZON CONSOLIDATED SYSTEMS,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Daniel W Leggett

Florida Department of State, Jim Smith, Secretary of State

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, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office				
or registered agent, or both, in the	ne State Florida.		9	
1a. The name of the corporation			5. ,	10
HORIZON CONS	OLIDATED SYSTEMS, I	NC.	ALC:	97
1b. Date of incorporation: 10/19	9/93	Document number	MIL-35	
2. The name and address of the C T CORPORATION SYSTEM	e current registered	agent and office:	SEFFE	PH
1200 SO. PINE ISLAND DRIVE	PLANTATION	FL	50	33324
The name and address of the new registered agent and office: (P.O. Box Not Acceptable)				
CORPORATION SERVICE COMPANY				
1201 Hays Street, Tallahassee, Florida 32301				
The street address of its registered agent 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 b	oard.			
SCI ST Days	Robe	rt Sacco - Treasure	-	
SIGNATURE Typed or printed name and title				
October 7, 1997				
DATE				
HAVING BEEN NAMED AS REGIPROCESS FOR THE ABOVE STAIN THIS CERTIFICATE, I HEREBY AGENT AND AGREE TO ACT IN WITH THE PROVISIONS OF ALL PLETE PERFORMANCE OF MY ITHE OBLIGATION OF MY POSIT	ATED CORPORATION ACCEPT THE APTEM THIS CAPACITY. STATUTES RELATION AMOUNT AND LAMON AS REGISTER	ON AT THE PLACE DE POINTMENT AS REGIS I FURTHER AGREE TO THE PROPER FAMILIAR WITH AND ED AGENT. CORPORATION SERVICE OFFICES OFFICES OFFICES OFFICES	SIGNAT STEREE D COM AND C ACCE COMPAN	TED O PLY COM- PT