

F9400004483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

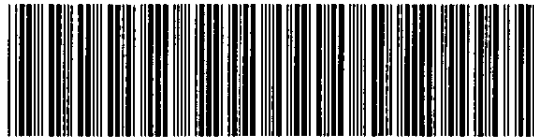
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000137832530

11/12/08--01036--010 **35.00

FILED
2008 NOV 12 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA
Change
Sf

11-17-08



FILING TRANSMITTAL FORM

TO: DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
CLIFTON BUILDING
2661 EXECUTIVE VENTER CIRCLE
TALLAHASSEE, FLORIDA 32301

FROM: JOANNE CASWELL - CONTINENTAL CORPORATE SERVICES, INC.
189 FRANKLIN AVENUE, SUITE 1
NUTLEY, NJ 07110
PHONE: 973-542-0300 OR 800-300-5067
FAX: 973-542-0313
EMAIL: JCASWELL@CCSLEGAL.COM

DATE: October 30, 2008

RE: LA QUINTA INVESTMENTS, INC.

REFERENCE: 16357C

PLEASE FILE/SUBMIT THE ATTACHED:

XXX Change of Agent
XXX Check Attached

PLEASE OBTAIN THE FOLLOWING EVIDENCE:

File Stamped Copy ----- PLEASE RETURN IN THE STAMPED SELF-ADDRESSED,
PREPAID ENVELOPE... THANK YOU...

SEND VIA: Regular Mail ----- IN THE ENVELOPE PROVIDED

SEND TO: Me _____ CONTINENTAL CORPORATE SERVICES, INC.
189 FRANKLIN AVENUE, SUITE 1
NUTLEY, NJ 07110
ATT: JOANNE CASWELL

SPECIAL INSTRUCTIONS:

PLEASE FILE IMMEDIATELY UPON RECEIPT AND RETURN EVIDENCE OF
SUCH FILING TO THE ATTENTION OF THE ABOVE SIGNED IN THE
ENVELOPE PROVIDED..... IF YOU HAVE ANY QUESTIONS, PLEASE DO
NOT HESITATE TO CALL ME AT THE FOLLOWING TOLL-FREE NUMBER:
800-300-5067.....THANK YOU...!!!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LA Quinta Investments, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F94000004483

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joanne Caswell
(Name of Contact Person)

Continental Corporate Services, Inc.
(Firm/Company)

189 Franklin Avenue, Suite 1
(Address)

Nutley, NJ 07110
(City/State and Zip Code)

For further information concerning this matter, please call:

Joanne Caswell at (800) 300-5067
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LA Quinta Investments, Inc.
2. The principal office address: _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8-29-94 Document number: F94000004483
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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 officer or director)

Mark Chlopek, V.P.
(Printed or typed name 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.


(Signature of Registered Agent)

10-29-02
(Date)

If signing on behalf of an entity:

Joanne Caswell, Asst. Secy.

(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, TALLAHASSEE, FL 32314