## -95000003004



ACCOUNT NO. : 072100000032

REFERENCE :

769679

4809148

AUTHORIZATION (

COST LIMIT : \$ 35.00

ORDER DATE: October 3, 2002

ORDER TIME :

2:24 PM

ORDER NO. : 769679-010

CUSTOMER NO:

4809148

CUSTOMER: David Marote, Legal Asst

Hilton Hotels Corporation 9336 Civic Center Drive

Beverly Hills, CA 90210

CHANGE OF AGENT

NAME: PROMUS HOTELS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

600008244786--7

C. Coulliette OCT 0 7 2002

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

	sions of sections 607.0502, 61			, Florida Statutes,
	ration organized under the law statement in order to change it			gagnt or both in
the State of Florida.	musement in order to change in	s regisiereu office	or registered	ageni, or boin, in
•	poration: PROMUS HOTELS, IN	NC.		A S
				L A C
2. The mailing address	of the corporation: 9336 Civ	ric Center Drive		TAR UF
		)5 Down		L'S -
_	on/qualification: June 21, 199		ent number: _ F	GITT W
4. The name and addre	ss of the current registered ager	nt and office:		P
CT Cor	poration System			
1200 s	outh Pine Island			
Planta	tion, FL 33324			
5. The name and addre	ss of the new registered agent (P. O. Box <b>Not</b>	<del>-</del> :	registered off	ice (if changed):
Corpor	ation Service Company		<del></del> -	
1201 H	ays Street	·	-	
Tallah	assee, Florida 32301			
The street address of it agent, as changed, will	s registered office and the stre be identical.	eet address of the b	ousiness offic	e of its registered
Such change was authorized by the boar	orized by resolution duly adopted.	ted by its board of	directors or l	by an officer so
Make	Angl		10(1)	102
(Signature of an offi	cer, chairman or vice chairman of the bo	oard)	(Date	e)
M. Hue Smith III, Vic	ce President nted or typed name and title)		——————————————————————————————————————	
corporation, I hereby of I further agree to comperformance of my duit registered agent.	registered agent and to accept the appointment as region of all stress, and I am familiar with and the Registered Agent)	ot service of proce istered agent and d tatutes relative to d accept the obliga	ss for the aboagree to act in the proper an ation of my po	ve stated 1 this capacity. d complete 1 sition as
/ If signing on behalf of an e	ntity:			
Maureen Cullen, Asst	•			
	Printed Name)		(Capacity)	
	* * * FILING FEI	E: \$35.00 * * *		