

REFERENCE

COST LIMIT : \$ 35.00

ORDER DATE: October 23, 2001

ORDER TIME : 2:06 PM

ORDER NO. : 155552-015

CUSTOMER NO:

5042594

CUSTOMER: Ms. Kathy Worthington

Kemmons Wilson, Inc.

1629 Winchester Road

000004652140--7

Memphis, TN 38116

CHANGE OF AGENT

ALAFAYA HOTEL CO., INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

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 TENNESSEE
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation : ALAFAYA HOTEL CO., INC.
2. The mailing address of the corporation: 1629 WINCHESTER RD P.O. BOX 30185 AMF
MEMPHIS, TN 38130
3. Date of incorporation/qualification: 10/16/1995 Document number: F95000005013
4. The name and address of the current registered agent and office:
BRIAN LOWER
ORANGE LAKE COUNTRY CLUB - 8505 W. IRLO BRANSON MEMORIAL HWY
KISSIMMEE, FL 34747
5. The name and address of the new registered agent (if changed) and/or registered office if changed: (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
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.
V. S. Wallin 10-22-01
(Signature of an officer, chairman or vice chairman of the board) (Date)
R.E. WALLIN, Accident Secretary (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated
corporation, 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.
Deliorah Deskipper 10/23/01
(Signature of Registered Agent) (Date)
If signing on behalf of an entity: Deborah D. Skipper Asst. Secretary
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)