# F95000005013

| (Requestor's Name)                      |
|-----------------------------------------|
|                                         |
| (Address)                               |
|                                         |
| (Address)                               |
|                                         |
| (City/State/Zip/Phone #)                |
|                                         |
| PICK-UP WAIT MAIL                       |
|                                         |
| (Business Entity Name)                  |
|                                         |
| (Document Number)                       |
|                                         |
| Certified Copies Certificates of Status |
|                                         |
| Consist Instructions to Filipp Officer  |
| Special Instructions to Filing Officer: |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |

Office Use Only



00010299477C

Machange News SECRETARY OF STATE
AFALLAHASSEE, FLORIDA

FILED

05/23/07--01029--005 \*\*35.00

### PARANET CORPORATION SERVICES, INC.

3761 Venture Drive Suite 260 Duluth, Georgia 30096 800-277-9977 / Fax 800-815-0477

May 21, 2007

#### FILING TRANSMITTAL LETTER

Phone: 850-488-9000

Florida Department of State Corprations Deivision 2661 Executive Center Circle West Tallahassee, FL 32301

RE: 1. Alafaya Hotel Co., Inc.

2. Wilson Hotel Management Co., Inc.

Dear Filing Officer:

Please find the enclosed:

- 1. Two (2) copies of change of Registered Agent/Office for the above entity;
- 2. Our check in the amount of \$35.00 to cover the filing fee; and
- 3. Self-addressed envelope for return of evidence.

If you have any questions, or require anything further, please contact me toll free at 1-800-277-9977. Thank you for your assistance.

Very truly yours,

Stephanie Thomas

Paranet Job No.

#### **COVER LETTER**

| Division of Corporations                                                                            |  |
|-----------------------------------------------------------------------------------------------------|--|
| SUBJECT: Alafaya Hotel Co., Inc.                                                                    |  |
| (Name of Corporation)                                                                               |  |
| DOCUMENT NUMBER: F95000005013                                                                       |  |
| 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:                           |  |
|                                                                                                     |  |
| Kathy Worthington                                                                                   |  |
| (Name of Contact Person)                                                                            |  |
|                                                                                                     |  |
| Kemmons Wilson, Inc. (Firm/Company)                                                                 |  |
| (1 mile company)                                                                                    |  |
| 8700 Trail Lake Drive, Suite 300                                                                    |  |
| (Address)                                                                                           |  |
|                                                                                                     |  |
| Memphis, Tennessee 38125                                                                            |  |
| (City/State and Zip Code)                                                                           |  |
| For further information concerning this matter, please call:                                        |  |
| Kethy Morthington                                                                                   |  |
| Kathy Worthington at (901) 346-8800 (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  Street Address:  Amendment Section                             |  |
| Amendment Section Amendment Section Division of Corporations Division of Corporations               |  |
| P.O. Box 6327 Clifton Building                                                                      |  |
| Tallahassee, FL 32314 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 TN in order to change its registered office or registered agent, or both, in the State of Florida. |                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. The name of t                                                                                                                                                                                                                                                                                        | he corporation: Alafaya Hotel Co., Inc.                                                                                                                                                                                                                                                                                                                                                                         |  |
| 2. The principal                                                                                                                                                                                                                                                                                        | office address: 8700 Trail Lake Drive, West Suite 300, Memphis, TN 38125                                                                                                                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                         | ddress (if different):                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 4. Date of incorp                                                                                                                                                                                                                                                                                       | poration/qualification: 09/13/1995 Document number: F9500005013                                                                                                                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                         | I street address of the current registered agent and registered office on file with the timent of State:                                                                                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                         | Corporation Service Company                                                                                                                                                                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                         | 1201 Hays Street                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                         | Tallahassee, FL 32301                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 6. The name and (if changed):                                                                                                                                                                                                                                                                           | d street address of the new registered agent (if changed) and /or registered office                                                                                                                                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                         | NRAI Services, Inc.                                                                                                                                                                                                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                         | 2731 Executive Park Drive, Suite 4                                                                                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                         | (P.O. Box NOT acceptable) Weston, FL 33331                                                                                                                                                                                                                                                                                                                                                                      |  |
| The street address changed will                                                                                                                                                                                                                                                                         | ess of its registered office and the street address of the business office of its registered agent, be identical.                                                                                                                                                                                                                                                                                               |  |
| Such change was authorized by the                                                                                                                                                                                                                                                                       | as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.                                                                                                                                                                                                                                                 |  |
| Signati                                                                                                                                                                                                                                                                                                 | Gary McClain, Secretary  (Printed or typed name and title)                                                                                                                                                                                                                                                                                                                                                      |  |
| I hereby accept<br>I further agree<br>of my duties, an<br>document is bee<br>corporation ha,                                                                                                                                                                                                            | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the sheen notified in writing of this change. |  |
| Tegle                                                                                                                                                                                                                                                                                                   | gnatule of Registered Agent)  5/11/07 (Date)                                                                                                                                                                                                                                                                                                                                                                    |  |
| If signing on be                                                                                                                                                                                                                                                                                        | chalf of an entity:                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Stephanie                                                                                                                                                                                                                                                                                               | Thomas, Special Asst.                                                                                                                                                                                                                                                                                                                                                                                           |  |

\* \* \* FILING FEE: \$35.00 \* \* \*

(Typed or Printed Name)