ACCOUNT NO.

072100000032

REFERENCE

155552

5042594

AUTHORIZATION

\$ 35.00

COST LIMIT

ORDER DATE: October 23, 2001

ORDER TIME :

2:07 PM

ORDER NO. : 155552-020

CUSTOMER NO:

5042594

CUSTOMER: Ms. Kathy Worthington

Kemmons Wilson, Inc.

Compared to the compare

Memphis, TN 38116

CHANGE OF AGENT

NAME: ORANGE COUNTY HOTEL CO., INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

200004652142--1

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

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: ORANGE COUNTY HOTEL CO., INC.	
	ā
2. The mailing address of the corporation: 1629 WINCHESTER RD P.O. BOX 30185 AMF	
MEMPHIS, TN 38130	
3. Date of incorporation/qualification: 01/29/1996 Document number: F96000000462	
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.	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
Printed or typed name and title)	<u>.</u> .
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.	
Deborah D Skipper 10/23/01	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity: Deborah D. Skipper	
(Typed or Printed Name) Asst. Secretary (Capacity)	-
* * * FILING FEE: \$35.00 * * *	

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(9/00)

DIVISION OF CORPORATIONS