

## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0390

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

## REGISTERED AGENT CHANGE

## **BOYKIN LODGING COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Problem Apparent Wells

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

-	•	, 617.0502, 607.1508, or 617.1508, Florida Statutes,			
• •	•	ration organized under the laws of the State of			
· · · · · · · · · · · · · · · · · · ·	order to change its regi	istered office or registered agent, or both, in the State			
of Florida.	Daubia I adaina C	AM wells?			
1. The name of the corporation: Boykin Lodging Company 2. The principal office address: Guildhall Building, 45 W. Prospect Avenue, Suite 1500, Cleveland, Ohio 44115 3. The mailing address (if different):					
			4. Date of incorporation/o	qualification: July 17, 1996	Document number: F96000003605
			5. The name and street ad Florida Department of		stered agent and registered office on file with the
	Corporation:	Service Company			
	1201 1	Haye Street			
	Tallahansee, F	lorida 32301-2525			
6. The name and street a changed);		lerida 32301-2525  Alticolorida 32301-2525  Stered agent (if changed) and /or registered office (if			
	C 1 Corpo	Dration System			
	c/o C T Cor	poration System			
<del></del>	•	manbor 1101 acceptates			
<del>*</del>	1200 South Pine Island Re	oad, Plantation, Florida 33324			
agent, as changed will be	identical.	street address of the business office of its registered			
Such change was authorized by the board, of	eed by resolution duly act the corporation has be	dopted by its board of directors or by an officer so en notified in writing of the change. Rim Falmer, Secretary			
Supreture of an officer, charging or v		(Printed or typod came and title)			
hereby accept the appoil further agree to comply performance of my duties registered agent. Or, if the address, I hereby confice address, I hereby continued to the componition of the componities of the componition of the c	and a un summe sum one house	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as ed merely to reflect a change in the registered ion has been notified in writing of this change.			
y: -		July 7, 2004			
to granture of the	Motod Agent)	(D <sub>6</sub> t <sub>6</sub> )			
faigning on behalf of an entity	r.				
Gil S, Apr		Assistant Secretary			
(Typed or Printer	reame)	(Capacity)			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314