DOCUMENT # F9600005259 1. Entity Name JAMESON INNS, INC.						
orangoora naro, nao.				FILED		
Principal Place of Business Mailing Address					02 FEB -6. PH 4: 00	
8 PERIMETER CENTER EAST. STE. 8050 ATLANTA GA 30346-1603		8 PERIMETER CENTER ÉAST, STÉ, 8050 ATLANTA GA 30346-1603		•	SECRETARY OF TALLAHASSEE, EL ORIKA.	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State		·	4. FEI Number Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent				ne	7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Stre	Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324						
<i>!</i>				City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEI After May 1, 2002 Fee Make Check Payable to to				150.00 e \$550.00	10. Election Campaign Financing \$5.00 May Be	
11.	OFFICERS AND I		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	KITCHIN, THOMAS W 8 PERIMETER CENTER EAST, STE. 8050		TITLE NAME STREET ADDR	ESS Man	ensurer D. Brew Cast, Suito 4050 arineter Center Cast, Suito 4050 anta, GA 30346	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HISRICH, ROBERT D 135 TEABERRY CIRCLE SOUTH RUSSELL OH 44027-4190	□ Delete	TITLE NAME STREET ADDR	ESS 8 7	coctor Change Addition on the Soso Carter Conter East, Suite 8050 Canta, GA 30846	
NAME CURLEE, STEVEN A STREET ADDRESS 8 PERIMETER CENTER EAST, SUITE 8050			TITLE NAME STREET ADDR CITY-ST-ZIP	ESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAWRENCE, MICHAEL E 46 BAYNERD PARK RD. HILTON HEAD SC 29928 STR. CITY		TITLE NAME STREET ADDR CITY-ST-ZIP	ESS	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KITCHIN, CRAIG R 8 PERIMETER CENTER EAST, STE. 8050 ATLANTA GA 30346-1603		TITLE NAME STREET ADDR CITY-ST-ZIP	ESS	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATLANTA GA 30346-1603 CITY-SI		NAME STREET ADDRI CITY+ST-ZIP		Change Addition	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or thustee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an addition with an addition with an addition of the exemption of the corporation of the receiver of the corporation of th						