## 78000000406



ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : August 3, 1999

ORDER TIME : 9:54 AM

ORDER NO. : 328448-015

CUSTOMER NO: 4341372

100002950121--9

CUSTOMER: Lori Mcpherson, Legal Asst

Sherrard & Roe

424 Church Street, 20th Floor Third National Financial Cente

Nashville, TN 37219

CHANGE OF AGENT

NAME: OPRYLAND HOSPITALITY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

C. COULLIETTE AUG 0 4 1999

CONTACT PERSON: Ta-tanisha Green



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

	e provisions of sections 607.03			8, Florida Statutes,
	d corporation organized under t			ad accept on both in
	lowing statement in order to ch	iange iis regisiere	ea office or registere	a ageni, or boin, in
the State of Flo	f the corporation is: Opryland	Hospitality. In	C.	
1. The hame of	t the corporation is. Opryrama	HODDICALE GY F		
2. The mailing	address of the corporation is:	c/o Sherrard &	Roe, PLC	
424 Churc	ch Street, Suite 2000, Nashv	ville, Tennessee	37210	
3. Date of inco	orporation/qualification: 1/23/9	98	Document number:	F98000000406
4. The name ar	nd address of the current register	red agent and offi	ce:	
	Nicholas A. Pope			-
	215 North Eola Drive		_	SE SE
	Orlando, FL 32801			E T
5. The name an	nd address of the new registered	agent and office:	(P. O. Box Not Acce	eptable = =
	Corporation Service Compan	У		THO TO
	1201 Hays Street			FLO -
	Tallahassee, Florida 32301			
The street addragent, as chang	ress of its registered office and ged, will be identical.	the street addres	s of the business off	ice of its registered
Such change wanthorized by the	vas authorized by resolution dul he board.	ly adopted by its	board of directors o	r by an officer so
	was J. Surrard		8/2/99	)
	re of an officer, chairman or vice chairma	in of the board)	·	(Date)
Thomas J. She	rrard, Secretary			
	(Printed or typed name and title)			_
corporation, I l I fürther agree	amed as registered agent and to hereby accept the appointment a to comply with the provisions of f my duties, and I am familiar wi nt.	s registered agen fall statutes relati	t and agree to act in ive to the proper and	this capacity. complete
By:	L. OTRKE		8/3/99	
	(Signature of Registered Agost)		(Date)	
If signing on behalf	f of an entity:			
EDWARD T	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-		EPRESENTATIVE
	(Typed or Printed Name)		(Capacity)	

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