

May 14, 1999

Florida Secretary of State Division of Corporations P.O Box 6327 Tallahassee, FL 32314 000002877500--5 -05/17/99--01114--020 *****70.00 ******35.00

Dear Sir:

Enclosed for filing please find two Change of Registered Agent forms. A check in the amount of \$70.00 is also enclosed for both filing fees.

Please contact Laurie A. Cooper at Cooper Companies if you need any additional information to complete this process.

Thank you.

Sincerely,

Penney McAdams

Administrative Assistant

99 MAY 17 AN 10: 04
SECRETARY OF STATE
ALLAHASSEE, FLORIBA

COOPER HOTEL GROUP

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

undersigned corporation organized under the laws of the State ofTennessee submits the following statement in order to change its registered office or registered agent, or bo	oth, in the
State of Florida. 1. The name of the corporation is: NHH, Inc.	
The hame of the corporation is. NHH, Inc.	
2. The mailing address of the corporation is: 1407 Union Avenue, Suite 400, Memphis,	TN 38104
3. Date of incorporation/qualification: 05/23/97 Document number: 0331430	
4. The name and address of the current registered agent and office:	99
CT Corporation	ET
120 South Central Avenue	JT
Clayton, MO 63150	No.
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	, <u>a</u>
Clark Hill	* * *
13051 Bell Tower Drive	
Fort Myers, FL 33907	r ·
The street address of its registered office and the street address of the business office of its regard, as changed, will be identical.	gistered
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board.	cer so
O el	
(Signature of an officer) chairman or vice chairman of the board) (Daté)	
Pace Cooper, President	
(Printed or typed name and title)	.3
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 capa 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.	icity. ?
M/Sel 1/2/99	
(Signature of Registered Agent) (Date) (Signature of Registered Agent)	_
(Typed or Printed Name)	5
(Capacity)	

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