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ACCOUNT NO. : 072100000032

REFERENCE = 917041

73<u>659</u>49

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: February 3, 2003

ORDER TIME: 4:48 PM

ORDER NO. : 917041-390

CUSTOMER NO: 7365949

CUSTOMER: Ms Mindy Tillinghast

Boykin Lodging Company

Suite 1500

45 West Prospect Avenue Cleveland, OH 44115

CHANGE OF AGENT

NAME: BOYKIN MIAMI II, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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

Pursuant to the	e provisions of sections 60	7.0502, 617.05	02, 607.1508,	or 617.1508, I	Iorida Statutes,
this statement	of change is submitted for a	corporation or	ganized under	the laws of the	State of
Ohio	in order to change	its registered o	ffice or registe	red agent, or b	oth, in the State
of Florida.		-			
1. The name of	f the corporation: BOYKIN MI	AMI II, INC.		<u>, . =</u> :	
2. The principa	al office address: 45 West I	Prospect Avenu	e, Guildhall	Bldg., Swite	1500 5
	Cleveland	, OH 44115	· · · · · · · · · · · · · · · · · · ·	- <u> </u>	H. 5
3. The mailing	address (if different):	_		<u>. 74. # 7</u>	SERCE
					70,
4. Date of inco	rporation/qualification: Jul	y 16, 1998	Documen	t number: F980	0000405
	nd street address of the curre artment of State:	ent registered_ag	ent and registe	red office on fil	e with the
	A.G.C., Co.	=. =			
	2300, 200 South Orange	Avenue			
	Orlando, FL 32801-3432			<u> </u>	
6. The name a changed):	and street address of the ne	w registered ag	gent (if change	d) and /or regi	stered office (if
ozamago uy.	Corporation Service Com	pany =		<u> </u>	· .
	1201 Hays Street (P.O. Box o	r personal mailbox NO	OT acceptable)		
	Tallahassee, FL 32301	÷-	· ·		•
The street addragent, as change	ress of its registered office a	and the street ac	ldress of the b	usiness office o	f its registered
Such change wauthorized by t	vas authorized by resolution he board, or the corporation	duly adopted l n has been noti	by its board of fied in writing	directors or by of the change.	an officer so
Signature of an office	r, chairman or vice chairman of the boar	Lau <u>r</u>	R. Dunlap,	Attorney in Fa	ict
I hereby accep I further agree performance o registered age office address, Corporation S	t the appointment as registe to comply with the provision of my duties, and I am familint. Or, if this document is but hereby confirm that the control of company	ered agent and ons of all statut ar with and ac	agree to act in es relative to to cept the obligately to reflect a been notified	this capacity. he proper and c tion of my posi change in the r in writing of thi	tion as
_	Signature of Registered Agent)	<u>.</u> <u>-</u>		Date)	
If signing on beha	it of an entity: Jeaf	nine Reynold s its agent	S		
	Typed or Printed Name)	<u>- th</u> afair	- : (C	anacity)	

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

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