APR-15-2000 SAT 04:18 AM NATIONAL CORPORATE RSCH

FAX NO. 212 564 6083

P. 01/02

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Division of Corporations

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4000

bivision of Corporations

Account Name

: NATIONAL CORPORATE RESEARCH, LTD.

Account Number : 120000000088 Phone

: (800)221-0102

Fax Number

: (212)564-6083

REGISTERED AGENT CHANGE

CENTRAL PARK LODGES (TARPON SPRINGS), INC.

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Florida Department of State, Sandra B. Mortham, Secretary of State

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

undersigned cor submits the follo	provisions of secti poration organized wing statement in	l under the	e laws of the S	state of _	Florida		•	
State of Florida.	he corporation is:_	CENTR	AL PARK LO	DGES (TARPON SPR	INGS), INC.		
1. The name of t	ne corporation is	• •						
2. The mailing a	ddress of the corpo	ration is:	-10065 RED-1	RUN BL	VD., OWINGS	MILLS, MD	L 21117	
_	Pidgebecor	_			Z115Z			
3. Date of incor	poration/qualificati	ion: <u>6/28/</u>	1985	Doc	ument number:	H64233		
4. The name and	l address of the cur	rent regist	ered agent and	l office;				
	C T CORPORA	TION SY	STEM					
•	1200 SOUTH P	INE ISLA	ND ROAD			-		
•	PLANTATION	, FL 3332	.4	-		ZE SEC	8	
5. The name and	address of the nev	v registere	d agent and of	lice: (P. 0	O. Box Not Ac	ceptab	PR T	
	NATIONAL CO	RPORAT	E RESEARC	H, LTD	., INC.	ASSI ASSI		
	1406 Hays Stre	et, Suite	#2, Tallaha	assee, l	Florida 3230	<u>1</u> 🛱	3 7	
							<u>ස</u>	
The street addreagent, as change	ess of its registere ed, will be identic	d office ar al.	nd the street a	ddress of	the business of	office office	egistered	
Such change was authorized by the	as authorized by n	esolution (duly adopted	by its bo	ard of directors	s or by an of	ficer so	
	laser				_	10-2000		
(Signatur	e of an officer, chair	nan or vice	chairman of the	board)		(Date)		
Mclissa Warl	ow, Vice President					(13-4-)		
Having been no corporation, I h I further agree performance of registered agen	(Printed or ty amed as registered hereby accept the to comply with the my duties, and I	•	•	ervice of red agen tes relati ccept the	process for the i and agree to ive to the prop obligation of	(Date) c above state act in this co er and comp nty position	d apacity. lete as	
21-	-2	<u> </u>			H.	1/14/0	دعها	
	Signature of Register	ed Agent)			(Date)	 ,	
If signing on beha John L. Morr	•				Asst.	Vice Preside	ent	
	Typed or Printed Nat	ne)			(Capa	city)		
CR2L045(4/95)		เลอดกดดน	7173 81			FILING FEE: \$35,00		

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