

ACCOUNT	NT/
ACCUUNT	IXIC)

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REFERENCE : 155552

5042594

AUTHORIZATION

COST LIMIT :

ORDER DATE: October 23, 2001

ORDER TIME : 2:07 PM

ORDER NO. : 155552-025

CUSTOMER NO: 5042594

CUSTOMER: Ms. Kathy Worthington

Kemmons Wilson, Inc. 1629 Winchester Road

Memphis, TN 38116

200004652132-

CHANGE OF AGENT

WI-JACKSONVILLE, INC.

PLEASE REFURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens -- EXT# 1128

EXAMINER:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA	
submits the following statement in order to change its registered office or registered agent, or both in	22.5
the State of Florida. 1. The name of the corporation: WI-TACKSONWILLE TWO	
1. The name of the corporation: WI-JACKSONVILLE, INC.	
	=
2. The mailing address of the corporation: 1629 WINCHESTER RD P.O. BOX 30185 AMF	
MEMPHIS, TN 38130	
3. Date of incorporation/qualification: 01/18/1989 Document number: K58935	Ţ
4. The name and address of the current registered agent and office:	
BRIAN LOWER	
ORANGE LAKE COUNTRY CLUB - 8505 W. IRLO BRANSON MEMORIAL HWY	
KISSIMMEE, FL 34747	
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)	2. fune
Corporation Service Company	
1201 Hays Street	.,
Tallahassee, Florida 32301	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	₹¥
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
(Printed or typed name and title)	
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 capacity. 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	
(Signature of Registered Agent) (Date)	
f signing on behalf of an entity: Deborah D. Skipper	
(Typed or Printed Name) Asst. Secretary (Capacity)	
* * * FILING FEE: \$35.00 * * *	

CR2E045(9/00)
DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314