(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Only) States 2 ph Thome 17		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
A. LUNT		
MAR <b>3 1</b> 2009		
EXAMINER		

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: DAYTONA HOSPITALI (Name	TY II, LLC of Limited Liability Company)	_	Ð
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
ALTON L. LIGHTSEY (Name of Person)	TACECREC AHE	2009 MAR 30	· - <b>- 1</b> 0
LIGHTSEY & ASSOCIATES, P.A. (Firm/Company)	ASSEE. FL	30 PM 3	
2105 PARK AVENUE NORTH		- H	
(Address)	· • · · · · · · · · · · · · · · · · · ·		
WINTER PARK, FLORIDA 32789			
(City/State and Zip Code)			
For further information concerning this matt	ter, please call:		
ALTON LIGHTSEY	at ( 407 ) 622-0025		
(Name of Person)	(Area Code & Daytime Telephone Number	)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	ng amount:		
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: DAYTONA	HOSPITALITY II, LLC	•
2. (a	) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	7: 930 N. ATLANTIC AVENUE DAYTONA BEACH, FLORIDA 32118	0 0
(b	) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	930 N. ATLANTIC AVENUE DAYTONA BEACH, FLORIDA 32118	# #
	L 6, 2000	L00000004145	
		4. Document number	<u></u>
5. (a	a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of St	
	Registered Agent:	LIGHTSEY, ALTON L	m
	Registered Office Address:	808 S. DENNING DR WINTER PARK, FL 32789	0
	NEW Registered Agent:		
	<del></del>		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2105 PARK AVENUE NORTH WINTER PARK, FL 32789	₽
		,FL	_
that a offic herel liabil limit	e limited liability company is not organized under the after the change or changes are made, the Florida street of the registered agent will be identical. Or, in the copy confirmed that the change(s) was/were authorized bity company or as otherwise provided in the articles of a liability company.	or address of the registered office and the business ase of a Florida limited liability company, it is now an affirmative vote of the members of the limit	8
(Print	Han L Lighten Authorized Representation	<u>e</u> .	
I hen comp am fa F.S. confi	reby accept the appointment as registered agent and a sly with the provisions of all statutes relative to the pr imiliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a rm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and as registered agent as provided for in Chapter 6 change in the registered office address, I hereby I in writing of this change.	d I 08,

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00