

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000183489 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6380

L. SELLERS

JUL 3 0 2008

From:

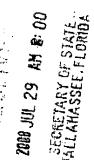
Account Name : C T CORPORATION SYSTEM

Account Number : PCA000000023

Phone Fax Number : (850)222-1092

: (850)878-5926

EXAMINER



REGISTERED AGENT CHANGE

IDS-HOTEL ISIS, L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

bmps://efile.sunbiz.org/scripts/efilcovr.exe

7/29/2008

PAGE 03/06

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

rusuant to the provisio liability company submit agent, or both, in the Stat	ns of sactions 608. I the following state e of Florida.	416 or 608.508, sment in order to	Florida Statutes, the wa change its registered of	idersigned limited ffice or registered
1. The name of the limits	d liability company	is: IDS-HOTEL IS	116, L.C	······
2. The mailing address of	f the limited liability	company is : 550	I W. SPRUCE STREET C-3	,
TAMPA FL 33607				
3/30/2001			.01000004946	
3. Date of filing/registration in Florida		4	. Document number	
5. The name of the register Florida Department of	ered agent and the re State:	gistered office ad	dress as shown on the re	cords of the
	ANDREW SERVICE		FLORIDA	•
		Name		
	201 N. FRANKLIN ST		<u> </u>	
	TAMPA FL 33602	Address		
		ty, State and Zip		
5. The name and address	of the new registered	d agent and/or off	īce:	
	<u> </u>	Corporation System		•
	1200 So	Name		•
,	Florida street addi		·	
	Plantation	FL _	33324	_
	City	, State and Zip		,
If the limited liability com- confirmed that after the ch and the business office of iability company, it is her of the members of the lim- or the operating agreemen	ange or changes an the registered agent aby confirmed that	e made, the Florid will be identical, the change(s) was	is street address of the re Or, in the case of a Flo s/were authorized by an	egistered office rida limited affirmative vote
Signification of a member of authori	zed representative of a mo	nnbor)	•	
MARILYN T	HORNBURY	<u> </u>		
I hereby accept the appoil omply with the provision that I am familiar with appoint the provision of the provision of the property of the provision of the prov	ntment as registered s of all statutes rela Lacgest the obligati this document is beli that the limited data cration Bayera	d agent and agree tive to the proper lons of my positions of filed to merely lility company ha.	to get in this capacity. And complete performa n as registered agent as reflect a change in the r s been notified in writing	I further agree to noe of my dutter, provided for the provided for the gistered office. This change.
(Signature of Registered Agent)	Mad	DIFFIE CUCCINY		SS 10 F
Divisio			Filmhassee, FL 32314	mc 🖴 [
•	FIL	ING FEE: 525 .00	ŭ ,	
NAS18 (8/05)				IATE ONIDA

90/b0 3944

PLUIS - MENDERLIS CT System Online