## Florida Department of State

Division of Corporations Public Access System

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Account Name : RANI HOTEL MSR Account Number : I20030000114 Phone : (786)276-6100

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RANI HOTEL MSB, LLC

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## 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. The name of the limited liability company is: Rani Hotel MSB, LLC	
2. The mailing address of the limited liability company is: 1000 Collus Avenue.	
Mami Brach Flower 35139	
11/07/2002 10200019801  3. Date of filing/registration in Florida  4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  Cantary Small Business Solutions  Name  SHO! Solth Gradewan Row Sule 505  Address  Others 12819  6. The name and address of the new registered agent and/or office:  Scott W. Rurger Esq  Name  Name  Sule 372  Florida street address (P.O. Box NOT acceptable)  Man Beach FL 33139  City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  The description of a member or authorized representative of a member)	
(Frinted or typed name of signee)	
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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the ignited is boilty company has been notified in writing of this change.  (Signature of Repeace Agent)	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	
INHSIB(10/99) FILING FEE: \$25.00	

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