## 103000005550

(Re	questor's Na	me)
7.5	· · · · · · · · · · · · · · · · · · ·	
DAYS	INN	Days inn 301 S. Frontage Road Plant Gity, FL 33566
PICK-UP	☐ WA⊓	MAIL
(Bu	siness Entity	Name)
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Certified Copies	_ Certific	cates of Status
Special Instructions to	Filing Officer	:
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Office Use Only



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TALLAHASSEE, FLORIDA

03 NOV -7 AM II: 49



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 22, 2003

DAYS INN 301 S. FRONTAGE ROAD PLANT CITY, FL 33566

SUBJECT: FRONTAGE HOSPITALITY LLC \_\_

Ref. Number: L03000005550

D3 NOV -7 AMIL: 49
SEUPETRACE FICEBIA

We have received your document for FRONTAGE HOSPITALITY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 403A00057619

Marsha Thomas Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## 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: FRONTAGE HOSPITALITY LLC
2. The mailing address of the limit	ed liability company is : 1969 S. ALAFAYA TRAIL #141
ORLANDO, FLORIDA 32828	_ · :.
	103 00000 6550
3. Date of filing/registration in Flo	ida 4. Document number
Florida Department of State:	and the registered office address as shown on the records of the
RICHA	RD D. FRANZBLAU
1969 S	Name ALAFAYA TRAIL # 141
	Address
ORLAN	DO, FLORIDA
	City, State and Zip
6. The name and address of the new	registered agent and/or office:
VENKA	TA REDDY KUMMETHA
301 S. I	RONTAGE ROAD
Florida	street address (P.O. Box NOT acceptable)
PLANT	The state of the s
	City, State and Zip
confirmed that after the change or c	ot organized under the laws of the State of Florida, it is hereby hanges are made, the Florida street address of the registered office ared agent will be identical. Or, in the case of a Florida limited med that the change(s) was/were authorized by an affirmative vote of company or as otherwise provided in the articles of organization or ed liability company.
(Signature of a member or authorized represent	
(Signature of a member of authorized represent	five of a member)
VENKATA REDDY KUMMETHA	
(Printed or typed name of signee)	
I hereby accept the appointment as comply with the provisions of all sta and I am familiar with and accept th Chapter 608, F.S. Or, if this docum address, I hereby confirm that the li	registered agent and agree to act in this capacity. I further agree to tutes relative to the proper and complete performance of my duties, e obligations of my position as registered agent as provided for in ent is being filed to merely reflect a change in the registered office nited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00