30004075

(Re	equestor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
<u> </u>				

Office Use Only



900167302459

B. KOHR

FEB 1 8 2010

EXAMINER



ACCOUNT NO. : 120000000195	
REFERENCE : 287631 7468825	
AUTHORIZATION: Spelloleman 6	25.00
COST LIMIT : \$23.00	77.
ACCOUNT NO. : 120000000195 REFERENCE : 287631 7468825 AUTHORIZATION : Spelle Man COST LIMIT : \$25.00 RDER DATE : February 17, 2010	2
RDER TIME : 9:18 AM	
RDER NO. : 287631-015	
USTOMER NO: 7468825	
CHANGE OF AGENT NAME: HPT-CYPRESS GROVE, LLC	
LEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY X PLAIN STAMPED COPY	
ONTACT PERSON: Heather Chapman EXT# 2908 EXAMINER:	

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. Name of the limited liability company:	HPT-CYPRE	ESS GROVE, LLC	levard, 130-482	
 (a) Principal office address of limited li (Note: MUST BE STREET ADD 	ability company: <i>RESS</i>)	Fort Lauderdale, FL 33		
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE)		_401_East_Las Olas Boul Fort Lauderdale, FL_33	levard, 130-482 301	
10/23/2003		L03000040754		
3. Date of filing/registration in Florida		4. Document number		
5. (a) Registered Agent and Registered C	office shown on t	he records of the Florida Dept	i. of State:	
Registered Agent:		Briane J. McDonough, Esq.		
Registered Office Address:		150 W. Flagler Street Suite 2200		
		Miami, FL 33130		
(b) Enter name of NEW Registered A	gent and/or NEV	V Registered Office address	:	
<u>NEW</u> Registered Agent:		Corporation Service Company		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street		
		Tallahassee	,FL 32301	
If the limited liability company is not organ that after the change or changes are made, office of the registered agent will be identihereby confirmed that the change(s) was/w liability company or as otherwise provided limited liability company. (Signature of a member or authorized representative of a	the Florida street cal. Or, in the ca vere authorized b in the articles of	address of the registered offi- use of a Florida limited liabilit	ce and the business	
Blanca Lozada, Authorized Person (Printed or typed name of signee)	··········	-		
I hereby accept the appointment as registe comply with the provisions of all statutes ram familiar with and accept the obligation F.S. Or, if this document is being filed to confirm that the limited liability company of the corporation Service Company By: (Signature of Registered Agent) Grace E. Kirry			further agree to se of my duties, and I sed for in Chapter 608, address, I hereby	

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