L03000041519

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SECRETARY OF STATE OF CORPERATION

COVER LETTER

TO: Registration Section Division of Corporations	
	ne Hotels USA, LLC Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Roberto Pecchi	
Name of Person	
Prime Hotels USA, LLC	
Firm/Company	
1939 Calling Avanua	
1238 Collins Avenue Address	
Miami Beach, Florida 3313	9
City/State and Zip Code	
hotel.laflora@primegroup.it E-mail address: (to be used for future annual report n	t otification)
For further information concerning this matter	er, please call:
Roberto Pecchi	at (305) 531-3406
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	g 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:	Prime Hotels USA, LLC		
2. (a	n) Principal office address of limited liability comp	oany:		·-
	(Note: MUST BE STREET ADDRESS)	1238 Collins Avenue Miami Beach, Florida 33139		
(b	o) Mailing address of limited liability company:			.
	(Note: MAY BE POST OFFICE BOX)	1238 Collins Avenue Miami Beach, Florida 33139		
	04/15/11	L03000041519		
3. D	ate of filing/registration in Florida	4. Document number		
5. (a	a) Registered Agent and Registered Office shown	on the records of the Florida Dept. o	f State	:
	Registered Agent:	Brian P. Tague		<u>V</u>
	Registered Office Address:	1441 Brickell Avenue, 15th F Miami, Florida 33131		ECRETA:
(b	o) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u> <u>NEW</u> Registered Agent:	NEW Registered Office address: Roberto Pecchi	5 PH 12: 2	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Prime Hotels USA, LLC 1238 Collins Avenue	L 331	39
confi and t liabil of the or the	e limited liability company is not organized under to the that after the change or changes are made, the business office of the registered agent will be identified to the change of the limited liability company or as of the limited liability or as of the liabili	the laws of the State of Florida, it is he Florida street address of the registe dentical. Or, in the case of a Florida le(s) was/were authorized by an affirr therwise provided in the articles of orany.	ereby red of imited native ganiza	fice I vote ation
	Roberto Pecchi d or typed name of signee	<u> </u>		
	reby accept the appointment as registered agent an oly with the provisions of all statutes relative to the same familiar with and accept the obligations of my oter 608, F.S. Or, if this document is being filed to ess, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I furt proper and complete performance o position as registered agent as prov merely reflect a change in the regist pany has been notified in writing of th	her ac f my d ided fo ered o nis cha	gree to uties, or in ffice inge.

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

INHS18 (05/08)