## L05000027803

(Requestor's Name)							
(Address)							
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PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
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SECRETARY OF STATE
TALLAHASSEE, FI OBLIS.



ACCOUNT NO. : 0721	.00000032
REFERENCE : 4139	
AUTHORIZATION : C	Spull de man
COST LIMIT : \$ 25	
ORDER DATE : January 23, 2008	7.0 9
ORDER TIME : 9:04 AM	A COMPANY
ORDER NO. : 413912-075	H77.75
CUSTOMER NO: 7628966	A Property of the Park of the
CHANGE OF AGENT	53 080 F
NAME: DAYTONA HOTEL MANAGER	L, LLC
PLEASE RETURN THE FOLLOWING AS PROOF C	F FILING:
CERTIFIED COPY  PLAIN STAMPED COPY	
CONTACT PERSON: Kathy Drake EXT# 2	1959

## 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 limite	d liability company is	s: DAYT	ONA HOT	TEL MAN	AGER, LLC	
2. The mailing address of	f the limited liability of	company is	•			
1633 Kersley Circle,	Heathrow, FL 327	746				
03/18/2005			L05000	0027803		
3. Date of filing/registration in Florida			4. Document number			
5. The name of the register Florida Department of S	ered agent and the reg State:	istered offic	e address as	s shown on	the records of the	
•	C T Co	rporation	System	<del></del>		
	1200 Sou	Name th Pine Is	land Road			
Address Plantation, FL 33324						
City, State and Zip  6. The name and address of the new registered agent and/or office:						
₽₽ ? F						
	Name 1201 Hays Street				RY OF STAT	
,	Florida street addres			eptable)	SATE SATE	
	Tallahassee	FL	32301	<u>.</u>		
	City,	State and Z	ip		•	
If the limited liability com confirmed that after the chand the business office of liability company, it is her of the members of the limit or the operating agreement	nange or changes are in the registered agent we by confirmed that the ited liability company to the limited liability	made, the F vill be ident te change(s) y or as othe ty company	lorida street	address of	the registered office	
(Signature of a member or authoris	zed representative of a memb	ber)	_			
(Printed or typed name of signee)	VILARBU		<del>-</del>			
I hereby accept the appoing comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered as s of all statutes relativ l accept the obligation his document is being that the limited liabili	agent and a ve to the pro ns of my po filed to me ity company	gree to act i per and con sition as reg rely reflect o has been n	n this capac nplete perfo sistered age i change in otified in-wi	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.	
(Signature of Registered Agent)	Sylvia Queppet, As	st. VP				

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