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SECRETARY OF STATE
ALLAHASSEE, FINDIN



ACCOUNT NO. : 072100000032 REFERENCE : 413912 7628966 AUTHORIZATION : COST LIMIT : ORDER DATE: January 23, 2008 ORDER TIME : 9:04 AM ORDER NO. : 413912-080 CUSTOMER NO: 7628966 CHANGE OF AGENT NAME: DAYTONA HOTEL OWNERS, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Kathy Drake -- EXT# 2959 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. The name of the limite	d liability company is	: DAYTO	NA HOTEL O	WNERS, LLC		
2. The mailing address of	the limited liability of	company is :				
1633 Kersley Circle, 1	Heathrow, FL 327	46				
03/18/2005		L05000027805				
3. Date of filing/registration in Florida		4. Document number				
5. The name of the registe Florida Department of S		istered offic	e address as shown	on the records of the		
C T Corporation System						
Name						
1200 South Pine Island Road						
Address Plantation, FL 33324						
		, State and Z		- 45 8 A		
6. The name and address of	of the new registered a	agent and/or	office:	SECRETARY OF STATE		
Corporation Service Company						
Name 1201 Hays Street						
Florida street address (P.O. Box NOT acceptable)						
	Tioring Stroot goding	30 (1.0. Don	rvo r acceptacio)	RICK.		
	Tallahassee	FL	32301			
	City,	State and Zi	p			
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement of the limited liability agreement of the limited liability companies and the limited liability companies and the liability company and the liability company agreement of the liability companies and the liability company agreement of the liability companies and the liability company agreement of the liabilit	ange or changes are refine registered agent we eby confirmed that the ited liability company of the limited liability.	nade, the Flowill be idention of the contract	orida street address cal. Or, in the case was/were authorize	s of the registered office e of a Florida limited ed by an affirmative vote		
(Signature of a member or authority)	zed representative of a meml	ber)				
(Printed or typed name of signee)						
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 of all statules relatively accept the obligation is document is being that the limited liabili	agent and ag ve to the pro ns of my pos filed to mer ity company	ree to act in this coper and complete pition as registered ely reflect a change has been notified i	apacity. I further agree to verformance of my duties, agent as provided for in e in the registered office in writing of this change.		
(Signature of Registered Agent)	Sylvia Queppet, As	sst. VP				

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

INHS18 (8/05)