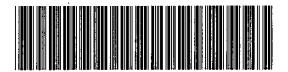
L05000049937

| (Re | questor's Name) | | |
|---|-------------------|-----------|--|
| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | y/State/Zip/Phone | e #) | |
| PICK-UP | WAIT | MAIL | |
| (Bu | siness Entity Nan | ne) | |
| (Document Number) | | | |
| Certified Copies | Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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ON JULIS AND: 50

B. KOHR

JAN 28 2008

EXAMINER

08 JAN 25 PH 4:53
SECRETARY OF STATE
TALLAHASSEE, FI OBJE



ACCOUNT NO. : 072100000032

REFERENCE : 413912

AUTHORIZATION :

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7628966

Kenan

COST LIMIT : \$

ORDER DATE: January 23, 2008

ORDER TIME : 9:06 AM

ORDER NO. : 413912-100

CUSTOMER NO: 7628966

CHANGE OF AGENT

NAME:

PENNSYLVANIA HOTEL INVESTORS

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

ġ,

CONTACT PERSON: Kathy Drake -- EXT# 2959

EXAMINER:

Į.

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 co | mpany is: PENNSY | LVANIA HOTEL INVE | STORS, LLC |
|---|---|---|---|
| 2. The mailing address of the limited | | | |
| 3700 NE 28th Avenue, Lighthou | ise Point, FL 33064 | 4 | |
| 05/19/2005 | | L05000049937 | |
| 3. Date of filing/registration in Florida | g/registration in Florida 4. Document number | | |
| 5. The name of the registered agent an Florida Department of State: | d the registered office | address as shown on the recor | ds of the |
| | C T Corporation S | ystem | |
| 12 | Name 200 South Pine Islar | nd Road 75 | 08 . |
| | Address Plantation, FL 33 | 3324 | D8 JAN 25 PM 4: 53 |
| | City, State and Zi | p Z | 7 25 |
| 6. The name and address of the new re | gistered agent and/or o | office: | 10 P |
| Cor | poration Service Co | ompany | F 5 |
| Name 1201 Hays Street | | 3 | |
| Florida stre | eet address (P.O. Box 1 | NOT acceptable) | , |
| Tallah | | 32301 | |
| | City, State and Zip | | |
| If the limited liability company is not confirmed that after the change or char and the business office of the registere liability company, it is horeby confirm of the members of the limited liability or the operating agreement of the limit (Signature of a member or authorized representative) | nges are made, the Flor d agent will be identicated that the change(s) we company or as otherwed liability company. | rida street address of the regist | tered office |
| RICHARD L. VILARBU | e of a member) | | |
| (Printed or typed name of signee) | | | |
| I hereby accept the appointment as rescomply with the provisions of all status and I am familiar with and accept the Chapter 608, F.S. Or, if this document address, I hereby confirm that the limit | zistered agent and agr es relative to the prope obligations of my posit is being filed to merel ted liability company h | ee to act in this capacity. I fur er and complete performance ion as registered agent as pro ly reflect a change in the regis ias been notified in writing of i | rther agree to of my duties, vided for in tered office this change. |

(Signature of Begistered Agent) Sylvia Queppet, Asst. VP

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

FILING FEE: \$25.00