

L0500056190

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : SALVATORI & WOOD, BUCKEL & WEIDENMILLER, PL
Account Number : I20030000112
Phone : (239) 552-4100
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REGISTERED AGENT CHANGE

GM HOTEL MANAGEMENT, LLC

Certificate of Status	0
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\$55.00

C. LEWIS

AUG 14 2009

EXAMINER

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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: GM Hotel Management, LLC2. (a) Principal office address of limited liability company: 4001 Tamiami Trail N, Suite 350☒(Note: **MUST BE STREET ADDRESS**)Naples FL 34103(b) Mailing address of limited liability company: 4001 Tamiami Trail N. Suite 350☒(Note: **MAY BE POST OFFICE BOX**)Naples, FL 3410306/07/2005L05000056190

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Michael Joseph

Registered Office Address:

999 Vanderbilt Beach Rd #610Naples FL 34108(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:**NEW Registered Agent:**Salvatori Wood Buckel Weidenmiller PL**NEW Registered Office Address:**9132 Strada PL 4th Fl**(MUST BE FLORIDA STREET ADDRESS)**Naples FL 34108

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change of changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Leo J. Salvatori, attorney-in-fact

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

INHS18 (05/08)

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