

LOS 0000 05183

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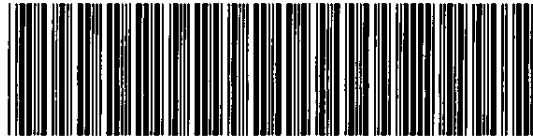
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ROC HOSPITALITY LLC
(Name of Corporation)

DOCUMENT NUMBER: L05 000065183

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

TRACIE L. Collins
(Name of Contact Person)

ROC HOSPITALITY LLC
(Firm/Company)

3550 N. ATLANTIC AVE
(Address)

Cocoa Beach, FL 32931
(City/State and Zip Code)

06 NOV - 3 AM 9:15
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TRACIE Collins at (321) 323-5007
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2006

TRACIE L COLLINS
3550 N ATLANTIC AVE
COCOA BEACH, FL 32931

SUBJECT: ROC HOSPITALITY L.L.C.
Ref. Number: L05000065183

06 NOV -3 AM 9:46
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ROC HOSPITALITY L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 906A00062575

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 company is: ROC HOSPITALITY LLC
2. The mailing address of the limited liability company is: 3550 N Atlantic Ave
Cocoa Beach, FL 32931

- 6/30/05 3. Date of filing/registration in Florida L050000 65183 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Legal Zoom NEVADA Inc
Name
44 W. FLAGLER STREET Suite 607
Address
Miami FL 33130
City, State and Zip

6. The name and address of the new registered agent and/or office:

TRACIE L. Collins
Name
3550 N. Atlantic Ave
Florida street address (P.O. Box NOT acceptable)
Cocoa Beach FL 32931
City, State and Zip

FILED
06 NOV -3 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or 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.

Scott Oakley
(Signature of a member or authorized representative of a member)

SCOTT Oakley
(Printed or typed name of signee)

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.

Tracie Collins
(Signature of Registered Agent)

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