L06000112595

(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	:y/State/Zip/Phone	a #\			
(On	.y/Otate/Zip/Filone	<i>5 ₩)</i>			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
,					





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B. KOHR

JAN 28 2008

EXAMINER

08 JAN 25 PH 4: 52
SECRETARY OF STATE
TALLAHASSEF FISHER



ACCOUNT NO. : 072100000032 REFERENCE : AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: January 23, 2008 ORDER TIME : 9:05 AM ORDER NO. : 413912-085 CUSTOMER NO: 7628966 CHANGE OF AGENT PENNSYLVANIA HOTEL ASSOCIATES NAME: II, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY 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 limited	d liability company is:	PENNSY	LVANIA HOTE	L ASSOCIATES II, LLC
2. The mailing address of				·
3700 NE 28th Avenue	, Lighthouse Point,	FL 33064		
11/21/2006			L06000112595	
3. Date of filing/registration in Florida			4. Document number	
5. The name of the register Florida Department of S		tered office a	ddress as shown or	the records of the
•	C T Cor	poration Sy	rstem	
	1200 South	Name Pine Islan	d Road	
		Address		_
		ion, FL 33		SE SE
	• .	State and Zij		
6. The name and address o	of the new registered ag	gent and/or o	ffice:	32 CS
	Corporation	Service Co	mpany	2
	1201	Name Hays Stree		FILED 08 JAN 25 PM 4: 52 SECKLIARS EFFLORI
_	Florida street address	(P.O. Box N	IOT acceptable)	2 116 1810 1810
	Tallahassee	FL	32301	<u> </u>
	City, S	tate and Zip		
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.	ange or changes are mathe registered agent with the registered agent with the confirmed that the part is the limited liability of the limited liability	ade, the Flor Il be identica change(s) w or as otherw company.	ida street address of	f the registered office
(Signature of a member or authorize	zed representative of a membe	т)		
FICHARD C. VI	14RgU			
(Pfinted or typed name of signee)				
I hereby accept the appoing the comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	ntment as registered ag s of all statutes relative l accept the obligations sis document is being f that the limited liabilit	gent and agro to the prope s of my posit iled to merel y company h	ee to act in this caper on as registered ag y reflect a change is as been notified in v	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.—
(Signature of Registered Agent) S				
Divisior	ı of Corporations, P.C	D. Box 6327.	Tallahassee, FL	32314

FILING FEE: \$25.00