L07000104941

(Requestor's Name	e)
(Address)	·········
(Address)	
(City/State/Zip/Pho	one #)
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EXAMINER



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DEPAIL MENT OF STATE DIVISION OF CORFORATIONS TALL ANASSEE, FLORIDA

RECEIVED





일 :				
ACCOUNT NO. : 12000000195				
ACCOUNT NO. : 120000000195 REFERENCE : 783198 7586533 AUTHORIZATION : THE SECRET SEC				
AUTHORIZATION: Spullelena 3				
COST LIMIT : \$ 25.00				
ORDER DATE: May 19, 2011				
ORDER TIME : 9:19 AM				
ORDER NO. : 783198-019				
CUSTOMER NO: 7586533				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
CHANGE OF AGENT				
NAME: PALMETTO HOSPITALITY OF DANIA BEACH OP, LLC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY PLAIN STAMPED COPY				
CONTACT PERSON: Matthew Young EXT# 2962				

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. Name of the limited liability company:	PALMETTO HOS	PITALITY OF DANIA BE.	ACH OP, LLC
2. (a) Principal office address of limited li (Note: MUST BE STREET ADD	<u>RESS</u> )	Suite 300	2 500 T
		Spartanburg, SC 29302	
(b) Mailing address of limited liability of the control of the con	BOX)	340 East Main Street Suite 300 Spartanburg, SC 29302	- A C. S.
10/16/2007		L07000104941	0
3. Date of filing/registration in Florida	4	. Document number	-
5. (a) Registered Agent and Registered O	ffice shown on th	ne records of the Florida	a Dept. of State:
Registered Agent:		C T Corporation System	
Registered Office Address:		1200 South Pine Island Road Plantation, FL 33324	
(b) Enter name of <b>NEW Registered As NEW Registered Agent:</b>		Registered Office ad	<del></del> -
NEW Registered Office Address:		1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)		Tallahassee	,FL_32301
If the limited liability company is not organ that after the change or changes are made, to office of the registered agent will be identic hereby confirmed that the change(s) was/w liability company or as otherwise provided limited liability company.  (Signature of a member or authorized representative of a	the Florida street cal. Or, in the car ere authorized by in the articles of	address of the registere se of a Florida limited l	ed office and the business iability company, it is
Maureen Cathell, Authorized Person (Printed or typed name of signee)			
I hereby accept the appointment as registe comply with the provisions of all statutes ream familiar with and accept the obligation. F.S. Or, if this document is being filed to neconfirm that the limited liability company has corporation Service Company  By:  (Signature of Registered Agent) Elizabeth A. Dawson,			ity. I further agree to rmance of my duties, and I rovided for in Chapter 608, office address, I hereby e.
	-		

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