## LU8000051134

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**EXAMINER** 



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DEPARTMENT OF STATE
NYISION OF CHRPURATIONS
TALLARIASSEE, FLORIDA

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ACCOUNT	NO.	:	I2000000195

REFERENCE : 783198

7586533

AUTHORIZATION

COST LIMIT :

ORDER DATE: May 19, 2011

ORDER TIME : 9:22 AM

ORDER NO. : 783198-031

CUSTOMER NO: 7586533

## CHANGE OF AGENT

NAME:

PALMETTO HOSPITALITY OF

GAINESVILLE II, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XXX 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 HO	OSPITALITY OF GAINESVILLE ILLLC	
; ; <del></del>	STITALITY OF GARAGE II, ELE	
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 340 East Main Street Suite 300	
(INC. MODI DE BIRDET TIDORESS)	Spartanburg, SC 29302	
(b) Mailing address of limited liability company:	340 East Main Street	
(Note: MAY BE POST OFFICE BOX)	Suite 300	
	Spartanburg, SC 29302	
05/22/2008	L08000051134	
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:	C T Corporation System	
Registered Office Address:	1200 South Pine Island Road	
Registered Office Address.	Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	W Registered Office address:	
NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address:	1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)		
,	Tallahassee ,FL 32301	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the caper confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)	et address of the registered office and the business ase of a Florida limited liability company, it is	
that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the capeter confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)	et address of the registered office and the business ase of a Florida limited liability company, it is	
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00