L09000/07901

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				

Special Instructions to Filing Officer:

A. LUNT

SEP 22 2011

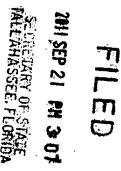
EXAMINER

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJECT: ATLANTIC HOTEL PARTNERS LLC Name of Limited Liability Company					
Door	Sir or Madam:				
Dear i	Sil Ol Madail.				
The e	nclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.			
Please	e return all correspondence concerning th	nis matter to the following:			
	JENNIFER HEPINSTALL				
	Name of Person				
	ATLANTIC HOTEL PARTNERS L	LC .			
	1 mb company	2			
	601 N. FT. LAUDERDALE BEACH I	BLVD .	经!		
	Address		9		
		L GR			
FT. LAUDERDALE, FL 33304 City/State and Zip Code					
JHEPINSTALL@ATLANTICHOTELFL.COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	JENNIFER HEPINSTALL	at (954) 567-8087			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
•	\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (5/08)

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.

. Name of the limited liability company:ATLANTIC HOTEL PARTNERS LLC				
2. (a) Principal office address of limited liability of	company: 601 N. FT LAUDERDALE			
(Note: MUST BE STREET ADDRESS)	BEACH BLVD FT. LAUDERDALE, FL 33304			
(b) Mailing address of limited liability company	y: 601 N. FT LAUDERDALE			
(Note: MAY BE POST OFFICE BOX)	BEACH BLVD FT. LAUDERDALE, FL 33304			
11/09/2009	L09000107901			
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.				
Registered Agent:	SAMORUKOVA, ELIZABETHESO			
Registered Office Address:	3325 HOLLYWOOD BLVD			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Agent:	HILL, MICHAEL			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)	601 N. FT. LAUDERDALE BEACH BLVD			
	,FL <u>33304</u>			
If the limited liability company is not organized unconfirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the chof the members of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company.	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited nange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.			
MICHAEL E HILL Printed or typed name of signee				
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Of if this document is being file address, I hereby confirm that the limited liability confirmation of Registered Agent	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in a difference of the test of the test of the company has been notified in writing of this change.			

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