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Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1(Corporation Name)	(Document #)	en e
2(Corporation Name)	(Document #) 80000 -03	050994583 <u>-</u> 1/13/0201040001
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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Di Change of Registered Agent Dissolution/Withdrawal Merger	3: 08 STATE LORIDA
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICAT Foreign Limited Partnership Reinstatement Trademark Other	10N 3 3 3

CR2E031(7/97)

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.

agent, or both, in the State of Florida.	· · · · · ·
1. The name of the limited liability company	vis: Singer Island Oceanfront Hotels, LLC
2. The mailing address of the limited liabilit	y company is: 3800 North Ocean Dr.
Piviera Beach, FL.	33404
December 15, 1998	<u> </u>
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the r Florida Department of State:	egistered office address as shown on the records of the
	Pardo do Zarca & Pardo, P.A.
100 S.E. Z	nd Street, Suite 2700 Address
_ Miami,	F1. 33 3
6. The name and address of the new registers	Z _S Q
Florida street add	Name BISCAYNE Blvd #2475 dress (P.O. Box NOT acceptable) FL 33131 ty, State and Zip
confirmed that after the change or changes at	zed under the laws of the State of Florida, it is hereby re made, the Florida street address of the registered office at will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote of or or as otherwise provided in the articles of organization or ty company.
Stevan J. Pards	
(Printed or typed name of signee)	
inereoy accept the appointment as registere comply with the provisions of all statutes reland I am familiar with that accept the obligate Chapter 608, I.S. Of if this document is be address; Whereby confirm that the limited lia	ed agent and agree to act in this capacity. I further agree to ative to the proper and complete performance of my duties, ative to the proper and complete performance of my duties, ations of my position as registered agent as provided for in ing filed to merely reflect a change in the registered office ability company has been notified in writing of this change.
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00