## APPROVED

DOCUI	MENT# <b>L990</b> (	00006152			<b>[</b> *]	ILEU		
. Entity Name CALOOSAHATCHEE CONVENTION AND HOTEL DEVELOPM					00 MAY 10 PM 1:03			
O/ 12000.		.,	,					
Principal Place	a of Rusinoss	Mailing Address	<u></u>		SECRETA FALLAHAS	RY OF STATE SSEE, FLORIDA		
201 NORTH FRANKLIN STREET. SUITE 2200 201 NOR ONE TAMPA CITY CENTER ONE TAM		201 NORTH FRANKLIN			K & B ilm box.			
		ONE TAMPA CITY CENTER TAMPA FL 33602-5182					881 81718 (181 1 <b>88</b> 1	
17.11.77 7 2 3 3								
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.						
					DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI N	umber		Applied For	
City & Stati	·	Oily & State			lied For	<u></u>	Not Applicable	
Zip	Country	Zip	Country	5. Certif	icate of Status Desired	\$5.00 / Fee Requ		
	6. Name and Address of Curre	nt Registered Agent			and Address of New	Registered Agent		
MITCUELL OTERUEN I			Name	Name				
MITCHELL, STEPHEN J 201 NORTH FRANKLIN STREET, SUITE 2200			Street	Street Address (P.O. Box Number is Not Acceptable)				
	PA CITY CENTER					<del>-</del> -	•	
TAMPA FL 33602			City	City FL Zip Code				
The above	named entity submits this statement	for the purpose of changing it	ts registered office	or registered agent, o	or both, in the State of	Florida.		
3. The above	named entity submits this statement	t for the purpose of changing if	ts registered office	or registered agent, o	or both, in the State of	Fiorida.		
		,	·	or registered agent, of		DATE		
	named entity submits this statement	ent and title if applicable (NC	OTE: Registered Agent sign	ature required when reinstati				
		ent and title if applicable (NC	OTE: Registered Agent sign	ature required when reinstati				
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable (NC . FILE N Make Check F	OTE: Registered Agent sign NOW!!! FEE IS Payable to Depar	ature required when reinstati	ng)	DATE		
SIGNATURE .	Signature typed or printed name of registered age  MANAGING MEN	ent and title if applicable (NC FILE N Make Check F	OTE: Registered Agent sign NOW!!! FEE IS Payable to Depar	ature required when reinstati	ng)		is Addition	
BIGNATURE .	Signature, typed or printed name of registered ago  MANAGING MEN  MGR  ANNIS, MITCHELL, COCKEY, E	FILE N Make Check P  MBERS/MEMBERS  Delete  EDWARDS & ROEHN	OTE: Registered Agent sign NOW!!! FEE IS Payable to Depar	sture required when reinstate \$50.00 tment of State	ADDITION	DATE  IS/CHANGES  Change		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER