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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE FELCOR/CMB ORSOUTH HOTEL, L.L.C.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OF REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

Fioriau.	FELCOB/C	MB ORSOUTH HOTEL, L.L.C.
	ne of the limited liability company: 125 E. JOHN CARPENTER FWY.	(h) 3/120 2 1 1 1
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Moiling address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 1600	SUITE 1600
	IRVING, TX 75062	IRVING, TX 75062
	04/28/2000	M0000000846
	Date of filing/registration in Florida COGENCY GLOBAL INC.	4. Document number
	Registered Agent and Registered Office shown on the records 115 NORTH CALHOUN ST, SUITE 4	
	Registered Office Address	
	TALLAHASSEE	FL 32301 SECRET
	Corporate Creations Network Inc.	
,	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address: 무슨 중심다.
	11380 Prosperity Farms Road #221E	2: - 2: - 15
	NEW Registered Office Address:	- IOF
	Palm Beach Gardens	.FL 33410
the ch	isope or changes are made, the Piorida street addic	ne laws of the State of Florida, it is hereby confirmed that after iss of the registered office and the business office of the registered ed liability company, it is hereby confirmed that the change(s) wers of the limited liability company or as otherwise provided in if the limited liability company. Carlos M Alvarez, Attorney-in-Fact
	(1) del	Printed or typed name of signee
Sign I her provi the oi to me notifi	nature of a member or authorized representative of a member reby accept the appointment as registered agent an isions of all statilies relative to the proper and com bligations of riv position as registered agent as pro- prely reflect of change in the registered office addre- ted in writing officials thange.	ed agree to act in this capacity. I further agree to comply with the piele verformance of my duties, and I am familiar with and accept ovided for in Unapter 605, F.S. Or, if this document is being filed ess, I hereby confirm that the limited liability company has been
	Carlos M. Alvarez. S	ipecial Secretary
- · V	Division of Corporations 1	P.O. Box 6327 • Talluhassee, FL 32314 NG FEE: \$25.00