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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATIONS



200 W.est A dams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

December 23, 2008

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State PO Box 6327 Tallahassee, FL 32314

RE: CROWNE ORMOND BEACH, LLC

CROWNE ST. LUCIE, LLC

Dear Sir or Madam:

Enclosed are the forms necessary to change the registered agent and registered office for each of the above referenced entities, together with a check representing the filing fees.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely

Laura L. Lightholder

enclosures

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: <u>Crowne Orr</u>	nond Beach, LLC	*
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 1015 Financial Center Birmingham, Al. 35203	t i
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1015 Financial Center Birmingham, AL 35203	0
December 22, 2000 3. Date of filing/registration in Florida	M00000002695 4. Document number	
5. (a) Registered Agent and Registered Office shown on		
Registered Agent:	C T Corporation System	<u>D</u> .
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	SECRETO DIVISION OF THE COMMENT OF T
(b) Enter name of NEW Registered Agent and/or NE	4	5 33
NEW Registered Agent:	NRAI Services, Inc.) തിര
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive, Suite 4 Co	
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 chereby confirmed that the change(s) was/were authorized 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 busines ase of a Florida limited liability company, it is by an affirmative vote of the members of the limi	s ted
Alan Z. Engel (Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	agree to act in this capacity. I further agree to oper and complete performance of my duties, and as registered agent as provided for in Chapter contage in the registered office address, I hereby d in writing of this change.	d I 508,

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