M0100000271

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SECRETARY OF STATE DIVISION OF CORPORATION OF CORPORATION OF CORPORATION OF THE PROPERTY OF TH

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ACCOUNT NO. : 072100000032

REFERENCE: 852067 79823A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: December 11, 2002

ORDER TIME : 4:08 PM

ORDER NO. : 852067-010

CUSTOMER NO: 79823A

CUSTOMER: Emil G. Prratesi, Esq.

Richards Gilkey Fite Slaughter

1253 Park Street

Clearwater, FL 33756

CHANGE OF AGENT

NAME: JAMES HOTELS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Mimi Replogle

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.

	-	t		
. The name of the limite				
2. The mailing address of	the limited liabili	ty company is: 1650	Highway 6 Sou	ith, Suite 170,
Sugariand, TX 77478				
February 2, 2001		M1	000000271	
3. Date of filing/registration in Florida		4. Do	ocument number	
5. The name of the registe Florida Department of S	State:		s as shown on th	e records of the
	Capital Corpor	ation Services, Inc.	····	
	1333 North Du	Name val Street		
	Tallahassee, F	Address lorida 32308 City, State and Zip		-
6. The name and address (•		
J. The hame and address (_			
	Anthony Menn	a		92 Ply
	780 Eldorado A	Name Avenue		DIVISION 02 DEC
	Florida street ad	dress (P.O. Box NOT	acceptable)	PAR PAR PAR PAR PAR PAR PAR PAR PAR PAR
,	Clearwater	_{FL} 33737		PH SEC
	C	ity, State and Zip		ORAN
If the limited liability come confirmed that after the chand the business office of liability company, it is here the members of the limite the operating agreement of	nange or changes a the registered age by confirmed that d liability compan	are made, the Florida st nt will be identical. Or at the change(s) was/we y or as otherwise provi	reet address of the tin the case of a ere authorized by	le registered office Florida limited an affirmative vote o
Pasco/Pinellas Hote			· -	
(Signature of a member or author	zed representative of a	member)		
By:Anthony Menna, Pa	irtner, Addcam,	Sole Member		
(Printed or typed name of signor)	/		•	•
I hereby accept the appoint the appoint the provision and I am familiar with an Chapter 688, F.S. Or, if the addicks, I hereby confirm	niment as registers of all statutes red accept the oblights document is but that the limited li	red agent and agree to lative to the proper and attors of my position a eing filed to merely reflability company has be	act in this cupaci I complete perfoi s registered agen lect a change in t en notified in wr	ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change.
(Tigrificate of Registered Agent)				4.
Division	n of Cornorstion	is. P.O. Box 6327, Tall	lahassee FL 32	314

FILING FEE: \$25.00