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TALLAHASSEE FLORIDA

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B. KOHR

JAN 1 5 2008

EXAMINER



ION SERVICE COMPANY.					
ACCOUNT NO. : 07210000032					
REFERENCE : 399261 4370110					
AUTHORIZATION :					
COST LIMIT : \$ 25.00					
ORDER DATE : January 13, 2008 ORDER TIME : 9:24 AM ORDER NO. : 399261-340					
ORDER NO. : 399261-340					
CUSTOMER NO: 4370110					
ý 					
CHANGE OF AGENT					
NAME: AH HOTEL GP, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Susie Knight					

EXAMINER'S INITIALS:

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. The name of the limite	d liability company is	s: AH HO	TEL GP, LLC		
2. The mailing address of	the limited liability of	company is:			
P.O. Box 2226, Orlan	do, FL 32802				
08/29/2001			M01000001995		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of		istered offic	e address as shown	on the records of the	
	Steph	nanie J. Th	omas		
	420 S. Oran		s, Suite 700	-	
Address Orlando, FL 32801			200		
City, State and Zip				E S T	
6. The name and address of	of the new registered	agent and/or	office:	FILED JAN 15 PR 2: 43 CRETARY OF STATE CRETARSSEE, FLORI	
Corporation Service Company					
	1201	Name Hays Stre	et	0 F.E.	
•	Florida street addres	ss (P.O. Box	NOT acceptable)	PRICE 33	
	Tallahassee	FL	32301	P	
	City,	State and Zi	p		
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreemen (Signature of a member or authority)	the registered agent we the registered agent we eby confirmed that the lited liability company tof the limited liability.	made, the Flowill be identified change(s) by or as other ty company.	orida street address cal. Or, in the case was/were authorize	of the registered office of a Florida limited ed by an affirmative vote	
David A.	Brooks, Member				
(Printed or typed name of signee)			•		
<i>(</i> , ,	ntment as registered as s of all statutes relativ l accept the obligation his document is being that the limited liabili	agent and ag ve to the pro ns of my pos filed to mer ity company	ree to act in this ca per and complete pi ition as registered c ely reflect a change has been notified in	spacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.	
(Signature of Registered Agent)	Sylvia Oueppet, As	sst. VP			

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

INHS18 (8/05)