M01000002000

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Orty/State/Ztp/+110/16 #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
*						
(Document Number)						
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DEPARTMENT OF STATE
PRISON OF CORPORATIONS
2008 JAN 16 PM 4: 16

B. KOHR EXAMINER



TION SERVICE COMPANY
ACCOUNT NO. : 07210000032
REFERENCE : 399261 4370110 75 8
AUTHORIZATION: Spulledena PER E
COST LIMIT : \$ 25.00
ORDER DATE: January 13, 2008
ORDER TIME: 2:26 PM
ORDER NO. : 399261-460
CUSTOMER NO: 4370110
CHANGE OF AGENT
NAME: CM 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 i	s: CM HOTI	EL GP, LLC			
2. The mailing address of	the limited liability	company is :				
P.O. Box 2226, Orlan	do, FL 32802					
08/29/2001		M0100002000				
3. Date of filing/registrati	Date of filing/registration in Florida 4. Documer		4. Document nur	nber		
5. The name of the registe Florida Department of S		gistered office a	address as shown	on the records of the		
Stephanie J. Thomas						
Name						
420 S. Orange Avenue, Suite 700						
Address						
Orlando, FL 32801						
	Cit	y, State and Zip	•	AL SE		
6. The name and address of the new registered agent and/or office:						
Corporation Service Company				ASS TO T		
Name 1201 Hays Street				A COF ST		
	Florida street addre	ess (P.O. Box N	OT acceptable)	3: 28 STAT STAT		
	Tallahassee	FL	32301	DE A		
	City,	State and Zip				
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement.	the registered agent reby confirmed that t	will be identica he change(s) wa	 Or, in the case as/were authorize 	of a Florida limited d by an affirmative vote		

(Signature of a member or authorized representative of a member)

David A. Brooks, Member

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent) Sylvia Queppet, Asst. VP

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