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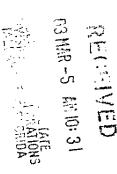
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ACCOUNT NO. : 072100000032

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: February 3, 2003

ORDER TIME : 5:01 PM

ORDER NO. : 917041-595

CUSTOMER NO: 7365949

CUSTOMER: Ms Mindy Tillinghast

Boykin Lodging Company

Suite 1500

45 West Prospect Avenue Cleveland, OH 44115

CHANGE OF AGENT

NAME: MELBOURNE Q LEASING LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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 limited li	iability company is:	MELBOURNE Q LE	ASING LLC				
2. The mailing address of the	e limited liability con	pany is:					
45 West Prospect Ave	., Guildhall Bldg	., Suite 1500,	Cleveland,	, ОН 4	4115		
December 7, 2001		M010	00002732				
3. Date of filing/registration	in Florida	4. Do	cument numb	oer			
5. The name of the registered Florida Department of Sta	l agent and the registe te:	red office addres	s as shown on	the re	cords of	f the	
	CT Corpo	ration System					
_		Name					
		Pine Island Ro	5.A				
		ddress	<u>au</u>				
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		on, FL 33324				03 MAR	
	City, S	tate and Zip			22	-	***************************************
6. The name and address of t	he new registered age	ent and/or office:			<u>=0</u>	2 1	
	Corporation	Service Compan	ıy			-0	1
		ame				P Y ::	
		ys Street				**	1-1-10
					三三二	30	·
F	Florida street address	(P.O. Box NOT a	ссертавле)		D I I		
	Tallahassee		301				
	City, Sta	ate and Zip					
If the limited liability compa confirmed that after the chan and the business office of the liability company, it is hereb the members of the limited lithe operating agreement of the Lamber of a member or authorized	age or changes are made registered agent will by confirmed that the clability company or as the limited liability company confirmed liability liability confirmed liability liab	de, the Florida str be identical. Or, hange(s) was/we otherwise providant npany.	he State of Florest address of in the case of the authorized ded in the articles.	orida, if the ref a Flo by an a cles of	t is here gistered rida lim affirmat organiz	by l offic ited ive vo	e ote of or
Laura R. Dunlap, Attorn (Printed or typed name of signee) I hereby accept the appoints		ent and agree to a	act in this cap	acitv.	I furthe	r avre	ee to
I hereby accept the appoints comply with the provisions o and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm the	f all statutes relative iccept the obligations i document is being fi at the limited liability	to the proper and of my position as led to merely refl company has be	complete per registered as ect a change i en notified in	forma gent as in the r writing	nce of me provide egistere of this	iy dut ed for ed offi chan	ies, in ce ge.
(81ghature of Registered Agent)	Jeanine Reynol						
	as its agent	Roy 6327 Tall	ahassaa FI	3 2 314			
DIVISION (of Corporations, P.C	• DUX UJ4/, I all	anassee, pl	フムコエ件			

FILING FEE: \$25.00

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