## M03000000371

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EXAMINER



4370110

Wolenand Secretary Secretar ACCOUNT NO. : 072100000032 REFERENCE : 399261 AUTHORIZATION : COST LIMIT : ORDER DATE: January 13, 2008 ORDER TIME : 2:21 PM ORDER NO. : 399261-405 CUSTOMER NO: 4370110 CHANGE OF AGENT NAME: CHH LEE VISTA HOTEL GP, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY 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 limited	liability company is:	: CHH L	EE VISTA HOT	EL GP, LLC			
2. The mailing address of t	he limited liability co	ompany is	·				
P.O. Box 2226, Orland	o, FL 32802			·			
01/29/2003		M0300000371					
3. Date of filing/registration in Florida			4. Document number				
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  Stephanie J. Thomas							
-		Name		HASSE TARREST			
420 S. Orange Avenue, Suite 700							
Address Orlando, FL 32801							
420 S. Orange Avenue, Suite 700  Address Orlando, FL 32801  City, State and Zip							
6. The name and address of	the new registered a	gent and/o	r office:	7 7			
Corporation Service Company							
Name 1201 Hays Street							
Florida street address (P.O. Box NOT acceptable)							
_	Tallahassee	FL	32301				
	City, S	State and Z	ip				
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here of the members of the limit or the operating agreement	nge or changes are note registered agent we by confirmed that the	nade, the F rill be ident e change(s)	lorida street address ical. Or, in the case was/were authorize	of the registered office of a Florida limited ed by an affirmative vote			
(Signature of a member or authorize	d representative of a memb	er)	_				
David A. Brooks, Mem	ber						
(Printed or typed name of signee)			_				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if this address, I hereby confirm the	ment as registered a of all statutes relativ accept the obligation s document is being at the limited liabili	gent and a e to the pro is of my po filed to me ty company	gree to act in this co per and complete p sition as registered rely reflect a chang has been notified i	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 Registured Agent)	uvia Quennet As	et VP					

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

INHS18 (8/05)