M05000003033

(Re	questor's Name)	**************************************		
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filling Officer:			

Office Use Only



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OF MY 23 PH 4: 14

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1006 MAY 23 AM 9: 26 SECRETARY OF STATE

FILED



ACCOUNT NO. : 072100000032

REFERENCE : 127726 4322606

108 H 23 H 9:26

AUTHORIZATION :

COST LIMIT :

ORDER DATE: May 23, 2006

ORDER TIME : 3:28 PM

ORDER NO. : 127726-005

CUSTOMER NO: 4322606

CHANGE OF AGENT

NAME: CH AMELIA I, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of liability company submits the Jagent, or both, in the State of F	sections 608.416 or 60 following statement in o lorida.	8.508, Florida Statutes, to rder to change its register	he undersigned limited red office or registered
1. The name of the limited liab	ility company is: CH Ar	melia I, LLC	· · · · · · · · · · · · · · · · · · ·
2. The mailing address of the li	mited liability company	is:	·
Crescent VI, 8400 E. Crescent Parkw	ay, Suite 475, Greenwood V	illage, CO 80111	
June 6, 2005		M05000003033	
3. Date of filing/registration in	ion in Florida 4. Document number		er
5. The name of the registered ap Florida Department of State:	gent and the registered of	ffice address as shown on	the records of the
	Corporation Service	c Company	
	Name		
	1201 Hays Street		せる。
	Address		
	Tallahassee, FL 32301 City, State and Zip		P22 =
	City, State at	na Zip	### 2 2
6. The name and address of the new registered agent and/or office:		23 TARN TASS	
	Sam Hine	\$	EE, F
	Name		70 0
	2431 Aloma Ave, Suite 110		9: 2 STAT LOR
Flor	ida street address (P.O. I	•	HAY 23 AM 9: 26 CRETARY OF STATE LAHASSEE, FLORIDA
·	Winter Park FL City, State and	32792	
	City, State and	l Zip	
If the limited liability company confirmed that after the change and the business office of the re liability company, it is hereby cof the members of the limited lior the operating agreement of the	or changes are made, the gistered agent will be ide on firmed that the change sability company or as of the limited liability company.	e Florida street address of t entical. Or, in the case of a e(s) was/were authorized b therwise provided in the ar	the registered office a Florida limited y an affirmative vote
Signature of a member or authorized repr	esentative of a member)		
Michael McNamara, Chief Financial (Printed or typed name of signee)			
I hereby accept the appointment comply with the provisions of all and I am familiar with and acceptage to the state of the	t as registered agent and l statules relative to the pt the obligations of my ument is being filed to l re limited liability compo	d agree to act in this capac proper and complete perfo position as registered age merely reflect a change in any has been notified in wr	ity. I further agree to rmance of my duties, nt as provided for in the registered office riting of this change.
Signature of Registered Agent			

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

INHS18 (8/05)