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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

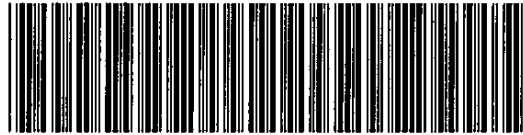
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CAPITOL
SERVICES**

December 13, 2007

FLORIDA SECRETARY OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: **SEMINOLE SUITES ASSOCIATES INTERMEDIATE, LLC**

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent of
Both for Corporations, for the above referenced name, which is to be filed in your office.
Also enclosed is check #14169 in the amount of \$25.00 for the filing fee. After filing,
please return the file-stamped copy in the enclosed self-addressed envelope. If you have
any questions, please contact x353 at 800-345-4647.

Thank you,

Myra Simmons-Homer
Registered Agent Services
Enclosures

PO BOX 1831
AUSTIN, TX 78767

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seminole Suites Associates Intermediate, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Myra Homer
(Name of Person)

Capitol Corporate Services, Inc.
(Firm/Company)

800 Brazos, Suite 400
(Address)

Austin, Texas 78701
(City/State and Zip Code)

For further information concerning this matter, please call:

Myra Homer at (800) 345-4647
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

**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: Seminole Suites Associates Intermediate, LLC.

2. The mailing address of the limited liability company is : _____

10 Campus Blvd.

Newtown Square, PA 19073

M05000003657

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:

Capitol Corporate Services, Inc.

Name

1333 N. Duval Street, Suite A

Address

Tallahassee, FL 32303

City, State and Zip

6. The name and address of the new registered agent and/or office:

Capitol Corporate Services, Inc.

Name

155 Office Plaza Drive, Suite A

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL Florida

32301

City, State and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Anthony J. Cordamone
(Signature of a member or authorized representative of a member)

Anthony J. Cordamone
(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.

DeLanie Case
(Signature of Registered Agent) DeLanie Case, Asst. Secretary on Behalf of Capitol Corporate Services, Inc.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00