M05000005283

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	•
(Cit	y/State/Zip/Phon	e #)
	,	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APR II PH I: 42

M THOMAS

OF APRIL PHIZ: 40

OF APRIL PHIZ: 40

DEPARTMENT OF STATE STATE OF STATE OF

CT Corporation System 1203 Governors Square Blvd, Suite 101, Tallahasse 850-222-1092

Various LLC Change of Agents					
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() Profit	() Amendment	() Merger			
() Nonprofit					
() Foreign	() Dissolution/Withdrawal	() Mark			
	() Reinstatement				
() Limited Partnership	() Annual Report	() Other			
(X)IEC	() Name Registration	(X) Change of RA			
	() Fictitious Name	() UCC			
() Certified Copy	() Photocopies	() CUS			
() Call When Ready	() Call If Problem	() After 4:30			
(x) Walk In	() Will Wait	(x) Pick Up			
() Mail Out					
Name	4/11/2007	Order#: 6898392 SO			
Availability					
Document					
Examiner	JМ	Ref#:			
Updater		··			
Verifier					
W.P. Verifier		Amount: \$			

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: W	MPT Congress Management, L.L.C.	·
2. The mailing address of the limited liability compa	any is : One SeaGate, Ste.1500	<u> </u>
Toledo, OH 43603-1475		
9/23/05	M05000005283	0,
3. Date of filing/registration in Florida	4. Document number	HPR PR
5. The name of the registered agent and the registere Florida Department of State:	ed office address as shown on the records of the	APR 11 PM 1:46
Corporate Creation	s Network, Inc.	1997
11380 Prosperity Far	ms Rd., #221E	5年
Palm Beach Gardens	dress s, FL 33410 te and Zip	Ď
6. The name and address of the new registered agent	t and/or office:	
CT Corporation Syst	em	
Nam 1200 South Pine Islar		
Florida street address (P.	O. Box NOT acceptable)	
Plantation F	L 33324	
City, State	and Zip	
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company, it is hereby confirmed that the chaof the members of the limited liability company or a or the operating agreement of the limited liability company.	e, the Florida street address of the registered of the identical. Or, in the case of a Florida limite ange(s) was/were authorized by an affirmative as otherwise provided in the articles of organical contents.	ffice d e vote
(Signature of a member or authorized representative of a member)		
Renee Cruz, Attorney in Fact		
(Printed or typed name of signee) I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirms the lim	t and agree to act in this capacity. I further a the proper and complete performance of my of my position as registered agent as provided if it to merely reflect a change in the registered of company has been notified in writing of this ch	gree to duties, for in office ange.

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