M05000006200

(Re	equestor's Name)					
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B. KOHR

APR 30 2008

EXAMINER





ACCOUNT NO. : 072100000032

REFERENCE : 545464 7414428

AUTHORIZATION 25.00

COST LIMIT : \$25.00

ORDER DATE : April 24, 2008

ORDER TIME : 10:11 AM

ORDER NO. : 545464-860

CUSTOMER NO: 7414428

CHANGE OF AGENT

NAME:

MOODY NATIONAL ALTAMONTE SHS

H, LLC

PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:
	_ CERTII	FIED	COPY				
XX	_ PLAIN	STAN	MPED COPY				

CONTACT PERSON: Kimberly Moret

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	d liability company is	s: MOODY NA	TIONAL ALTAMON	NTE SHS H, LLC
2. The mailing address of	the limited liability o	company is:		
6363 Woodway, Suite 110, Ho	•			
11/07/2005			1405000000000	
11/07/2005 3. Date of filing/registrati	on in Florida	-	M05000006200 1. Document num	nher
5. Date of Hing/registrati	on m r tortua		i. Bocument nun	
5. The name of the registe Florida Department of S		istered office a	ddress as shown o	
riorida Department of S		porate Research, I	td Inc	148
	- Tuttonur Cor	Name	sta., mo.	一点 R T
	515	East Park Avenue		1960年
		Address		SCA
		hassee, FL 32301		9
	City	, State and Zip		6.5
6. The name and address of	of the new registered	agent and/or of	fice:	A DA
	Corporati	ion Service Compa	any	
	120	Name 11 Hays Street		
-	Florida street addres	ss (P.O. Box N	OT acceptable)	
	Tallahassee	FL	32301	
•		State and Zip		
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement	the registered agent webv confirmed that the	vill be identical ne change(s) wa	. Or, in the case of the case	of a Florida limited I by an affirmative vote
(Signature of a member of authorize	zed representative of a mem	ber)		
Maureen Cullen, Attorney in fa (Printed or typed name of signee)	ict			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to the confirmation to the co	ntment as registered as of all statutes relatively accept the obligation is document is being that the limited liabil.	agent and agree ve to the proper ns of my positic filed to merely ity company ha	e to act in this cap r and complete pe on as registered a reflect a change s been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent) N	fichelle R. Vannoy, Assis	tant VP		

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