Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053

Phone : (561)694-8107 Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \* \*,

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## LLC REGISTERED AGENT CHANGE FELCOR TRS BORROWER 4, L.L.C.

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

FELCOR TRS BORROWER 4. L.L.C.

	me of the limited liability company: FEECOH TRS 125 E. JOHN CARPENTER FWY.			JOHN CARPENTER FWY.
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  SUITE 1600	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	IRVING, TX 75062	_	RVING	G, TX 75062
	12/08/2005		M050000	06766
3.	Date of filing/registration in Florida	4.		Document number
	COGENCY GLOBAL INC.			
5. (a)	Registered Agent and Registered Office shown on the records of i	he Flor	ida Dept. of Stat	- ἐ:
	115 NORTH CALHOUN ST, SUITE 4			
	Registered Office Address MUST BE FLORIDA STREET	DDRE	SS)	-
	TALLAHASSEE, FL	323	01	78 E
(b)	Corporate Creations Network Inc.	,		FEB.
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	SST de fin
	11380 Prosperity Farms Road #221E			
	NEW Registered Office Address:			2.49 \$14.6 \$14.6
	Palm Beach Gardens, FI	334	10	
the cha	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ability of the limite	company, it imited liabilided liability	is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
	aland	_	Carlos M Al	varez, Attorney-in-Fact
	ature of a member or authorized representative of a member			Printed or typed name of signed
I here provis the ob- to men notifie	rby accept the approintment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change.	ree to perfo d for hereb	act in this cap rmance of my in Chapter 60 y confirm tha	nacity. I further agrees to comby with the of accept of utiles, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
	Carlos M. Alvarez Specia	al Secr	tery	
Signat	ure of Registered Agent			
	Division of Corporations P.O. FILING F	Box 6 EE: 5	327• Tallah: 25.00	assee, FL 32314