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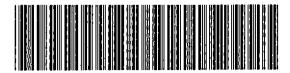
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EXAMINER



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DEPARTMENT OF STATE
DIVISION OF COSPORATION
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ACCOUNT NO. : I2000000195

REFERENCE : 981294

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ORDER TIME : 4:33 PM

ORDER NO. : 981294-228

CUSTOMER NO: 7191210

CHANGE OF AGENT

NAME: LQ FORT LAUDERDALE L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

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. Name of the limited liability company: LQ FORT LA	AUDERDALE L.L.C.
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	c/o La Quinta Corporation 909 Hidden Ridge, Suite 600 Irving, TX 75038
06/20/2006	M06000003453
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	NRAI Services, Inc.
Registered Office Address:	515 E. Park Avenue Tallahassee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	et address of the registered office and the business case of a Florida limited liability company, it is
Maureen Cathell, Authorized Person (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notifie Corporation Service Company By: (Signature of Registered Agent)	oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address. I hereby
Elizabeth A. Dawson, Asst. Vice President	r 6327 Tallahassee EL 32314

FILING FEE: \$25.00