Division of Corporations



Florida Department of State

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 .

Email Address:

LLC REGISTERED AGENT CHANGE RLJ II · HS BRANDON, LLC

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JUN-1 8-7014

C. CARROTHERS

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.

1. N	ame of the limited liability company: RLJ II - HS BR	ANDO	ON, LLC	
2. (a)	C/O BLU ODGING TRUET	(b	$C \cap D$	J LODGING TRUST
~- (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (-		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3 BETHESDA METRO CENTER, STE. 1000	1	3 BETH	ESDA METRO CENTER, STE. 10
	BETHESDA, MD 20814	,	BETHE	SDA, MD 20814
	01/04/2007		M070000	00083
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (u)	Registered Agent and Registered Office shown on the records of the	Florida	1 Dept. of State	5
	NRAI SERVICES, INC			
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS	ù	
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION ET 3	3324		
	, FL_			
(b)				er frank
(5)	Enter name of NEW Registered Agent and/or NEW Registered O	filce ad	d⊥ss:	
	Corporate Creations Network Inc.			14 JUN 17
	NEW Registered Office Address:			
	11380 Prosperity Farms Rd. #221E			
	Palm Beach Gardens ,FL3	3410		PH I2: 00
the cha agent was/w the art	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabers authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liability.	ie regi ility co the lin mited	stered office ompany, it is nited liability liability com	orida, it is hereby confirmed that after and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	ature of a member or authorized representative of a member	¥ (1)	CITE I IGNA	Printed or typed name of signee
I here provis the obto mer notifie	thy accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete poligations of my position as registered agent as provided ely reflect a change in the registered office address, I he din writing of this change. Whulf Valerie Hawk-Ronohye, Specia	erform for in reby c	iance of my d Chapter 605 confirm that i	acity. I further garee to comply with the
Signati	are of Registered Agent			