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Division of Comorations

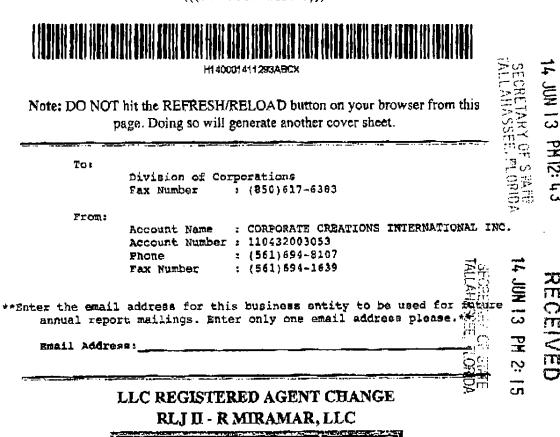
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## Florida Department of State

Division of Corporations
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C. LEWIS

JUN 1 6 2014

1 of 2

## 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.	Na	me of the limited liability company: RLJ II - R MIRA	MAR, LLC
2.	(a)	C/O RLJ LODGING TRUST	(h) C/O RLJ LODGING TRUST
	(-/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited Hability company: (Note: MAY BE POST OFFICE BOX)
		3 BETHESDA METRO CENTER, STE. 1000	3 BETHESDA METRO CENTER, STE. 10
		BETHESDA, MD 20814	BETHESDA, MD 20814
		01/12/2007	M07000000242
3.		Date of filing/registration in Florida	4. Document pumber
5.	(a)	Registered Agent and Registered Office shown on the records of the NRAI SERVICES, INC  Registered Office Address (MUST BE FLORIDA STREET AD)	
		1200 SOUTH PINE ISLAND ROAD	
		PLANTATION PT 33	3324
	(b)  Enter name of NEW Registered Apopt and/or NEW Registered Offic  Corporate Creations Network Inc.  NEW Registered Office Address:		24 LAHASSEE, FLORID
		11380 Prosperity Farms Rd. #221E	्राप्त कर्म इस्ति होता विकास
		Palm Beach Gardens FL 30	
the ag	ent v ent v is/we earti	vill be identical. Or, in the case of a Florida limited liabi are authorized by an affirmative vote of the members of t cles of organization or the operating agreement of the lin	the registered office and the business office of the registered ility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in mited liability company.
-,		AUGACUS or authorized representative of a member	Valerie Hawk-Donohue, Attorney In Fact Printed or typed name of signer
I printo no	herei ovisi ovisi mari tifiei	·	to act in this capacity. I further agree to comply with the efformance of my duties, and I am Jamiliar with and accept for in Chapter 605, F.S. Or, if this document is being filed reby confirm that the limited liability company has been

Division of Corporations \* P.O. Box 6327 \* Tallahassee, FL 32314 FILING FEE: 525.00 APPKOYED APPKOYED