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Division of Corporations

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LLC REGISTERED AGENT CHANGE FELCOR TRS HOLDINGS, L.L.C.

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3.7

STATEMENT OF CHANGE OF REGISTERED OFFICE OF 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.

ı. Na	me of the limited liability company: FELCOR TR	SHOL	DINGS, L	L.U.
2. (a)	125 E. JOHN CARPENTER FWY.	(_{b)} 125 E	JOHN CARPENTER FWY.
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 1600		SUITE	1600
	IRVING, TX 75062		IRVIN	G, TX 75062
	12/03/2007		M07000	007059
3.	Date of filing/registration in Florida	 4.		Document number
6 (-)	COGENCY GLOBAL INC.			
5. (a)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. of St	atc:
	115 NORTH CALHOUN ST, SUITE 4			* G. E.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				— — — — — — — — — — — — — — — — — — —
	·	11.5	61 B	H: (1)
	TALLAHASSEE, F	1323	01	-
(b)	Cornorate Creations Network Inc.		÷	" 3
(0)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office	iddress:	—————————————————————————————————————
	11380 Prosperity Farms Road #221E			
	NEW Registered Office Address:			
	Palm Beach Gardens	_L 334	10	
the ch agent	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members ticles of organization of the operating agreement of the street of the control of the cont	aws of t of the re liability s of the l ne limite	he State of ligistered off company, i imited liability of	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
Sign	ature of a member or authorized representative of a member			Frinted or typed name of signee
I here provis the ob- to me notifie	eby accept the appointment as registered agent and a tions of all statutes relative to the proper and comple digations of my position as registered agent as provide the reflect a change in the registered office address, and in writing of this change.	gree to le perfoi ded for i I hereby	act in this commerce, of n mance, of n n Charter b confirm th	apacity. I further agree to comply with the ty duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
	(Little Carlos M. Alvarez, Spec	cial Secre	tary .	
Signat	we of Registered Agent			
	Division of Cornorations • P.O	Box 63	27 Talls	nassee, F1, 32314

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