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Office Use Only



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EXAMINER



ORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION

COST LIMIT

ORDER DATE: August 6, 2010

ORDER TIME : 8:22 AM

ORDER NO. : 471300-020

CUSTOMER NO: 5012771

CHANGE OF AGENT

NAME: 3201 HOTEL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XXX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

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 608.50 company submits the following statement in order to chain the State of Florida. | 18, Florida Statutes, the undersigned limited liability nge its registered office or registered agent, or byth, | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 1. Name of the limited liability company: 3201 HOTE | EL, LLC | | |
| Pursuant to the provisions of sections 608.416 or 608.50 company submits the following statement in order to chain the State of Florida. 1. Name of the limited liability company: 3201 HOTE 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: | y: _c/o CMC Group, Inc | | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | c/o CMC Group, Inc | | |
| December 5, 2007 | M07000007063 | | |
| 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: | Capitol Corporate Services, Inc. | | |
| Registered Office Address: | 155 Office Plaza Drive, Suite A Tallahassee, Florida 32301 | | |
| • | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | W Registered Office address: | | |
| NEW Registered Agent: | Corporation Service Company | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1201 Hays Street | | |
| | 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 hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles dimited liability company. | et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited | | |
| (Signature of a member or authorized representative of a member) | By: Access Industries Management, LLC | | |
| Peter L. Thoren. Executive Vice President of Mar (Printed or typed name of signee) | Its Manager nager | | |
| I hereby accept the appointment as registered agent and 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 notified to proportion Services Company Matthews. [Signature of Registered Agent] Asst. | agree to act in this capacity. I further agree to 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 d in writing of this change. w Young V. Pres. | | |
| 1 8 | • | | |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 | | | |

- INHS18 (05/08)