M08000052 09

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B. KOHR

FEB 29 2012

EXAMINER

300220246133

RECEIVED
DEPARTMENT OF STATE
12 FEB 28 AM 10:57

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 28 AM 9:54

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 108015 7663342

AUTHORIZATION :

COST LIMIT : $ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 28 AM 9:54

ORDER DATE : February 24, 2012

ORDER TIME : 9:36 AM

ORDER NO. : 108015-020

CUSTOMER NO: 7663342

CHANGE OF AGENT

NAME: LEGENDS HOSPITALITY, LLC

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 28 AM 9:54

1. Name of the limited liability company: LEGENDS HOSPITALITY, LLC

2. (a) Principal office address of limited liability company: 400 Broadacres Dr, Ste 260, Bloomfield NJ 07003
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 400 Broadacres Dr, Ste 260, Bloomfield NJ 07003
(Note: MAY BE POST OFFICE BOX)

11/26/2008
3. Date of filing/registration in Florida

M08000005209
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 **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
Tallahassee, FL 32301
(MUST BE FLORIDA STREET ADDRESS)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

2/27/12
(Signature of a member or authorized representative of a member)

David Hammer, Authorized Person
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: _____
(Signature of Registered Agent) Corporation Service Company Sylvia Queppet, Asst. Vice President

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

INHS18 (05/08)