## M11000002566

(Re	equestor's Name)						
(Ad	idress)						
(Ac	idress)						
(Cit	ty/State/Zip/Phone	e #)					
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(Business Entity Name)							
(Document Number)							
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## 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:  BAL HARBOUR	RHOTEL	LLC			
2 (a)		(h	)			
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	(b)			
	7750 Wisconsin Avenue  Bethesda, MD 20814		7750 Wisconsin Avenue			
			Bethesda, MD 20814			
	05/19/2011		M1100000	02566		
3.	Date of filing/registration in Florida	<del>-</del> 4.		Document number		
= (a)						
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	_ e:		
	C T CORPORATION SYSTEM		•			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS		_		
	1200 SOUTH PINE ISLAND ROAD		<b>-</b>		2	
	PLANTATION	33324		_	FIL 18024 NOV 15 SECRETARY	
	FLANTATION FI	L,		_	ELYBA ON 12 FILT	
(b)					(2) 15 E	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	dress:	_	ED E	
	Corporation Service Company				9: 27 STATE TORRE	
	NEW Registered Office Address:			_		
	1201 Hays Street			_		
	Tallahassee FI	32301				
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the e registere lability co of the lim	d office and mpany, it is ited liability	d the business offi s hereby confirmed y company or as o	ce of the registered d that the change(s)	
	/s/ Andrew P.C. Wright	And	rew P.C. W	right, Authorized f	Person	
Signa	nture of a member or authorized representative of a member			Printed or typed nam	ne of signee	
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	performa ed for in C hereby co	ince of my o hapter 605 infirm that i	duties, and I am fa i, F.S. Or, if this d the limited liability	ree to comply with the miliar with and accept locument is being filed y company has been	
	Inace Cokuby GRACE E. KIRB	Y, ASST.	VICE PRE	ESIDENT		
Signati	ire of Registered Agent					