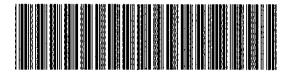
M13000002078

(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



700254002047

11/26/13--01016--004 **25.00

2013 NOV 26 PM 1: 29

NOV 27 Z013

T CLINE

CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: November 22, 2013

Order#: 878095-164

Re: HHLP COCONUT GROVE LESSEE, LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

2013 KOV 26 PM 1: 29

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.

1. Na	me of the limited liability company: HHLP COCON	JT GROVE LESSEE, LLC	
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 44 Hersha Drive Harrisburg, PA 17102-227	9
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		700 28 10 V 2
	04/02/2013	M13000002078	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
3. Da	ate of filing/registration in Florida	4. Document number	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
5. (a) Registered Agent and Registered Office shown on	the records of the Florida I	Dept. of State
	Registered Agent:	C T Corporation System	
	Registered Office Address:	1200 South Pine Island Ro Plantation, FL 33324	ad
	NEW Registered Agent: NEW Registered Office Address:	Corporation Service Company 1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)		Tallahassee	.FL 32301
confir and th liabili the m the op	limited liability company is not organized under the med that after the change or changes are made, the Feb business office of the registered agent will be identy company, it is hereby confirmed that the change(sembers of the limited liability company or as otherworking agreement of the limited liability company.	lorida street address of the	registered office
	Priebe, Authorized Person or typed name of signee	_	
I here compl and I Chapt addre	eby accept the appointment as registered agent and a ly with the provisions of all statules relative to the pr am familiar with and accept the obligations of my po ter 608, F.S. Or, if this document is being filed to mo ss, I hereby confirm that the limited liability compar	ngree to act in this capacity oper and complete perforn osition as registered agent erely reflect a change in the y has been notified in writi	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.
By:	are of Registered Agent DC orporation Service Company		

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