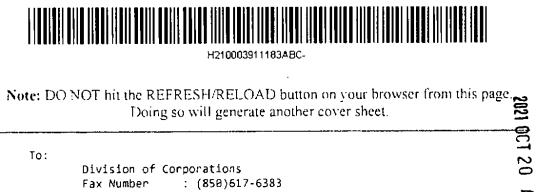
Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H21000391118 3)))



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Account Number : 113615003626 407-540-7576 Phone 407-641-8361 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

susana.carcasona@cnl.com Email Address:

LLC REGISTERED AGENT CHANGE CHP IDAHO FALLS ID OWNER, LLC

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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. Na	ame of the limited liability company: CHP Idaho Fall	s ID Ow	ner, LLC		<u> </u>
2. (a)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-,	Mailing address of limited (Note: MAY BE POST	
	450 S. Orange Avenue, 14th Floor		P.O. Box	4920	
	Orlando, FL 32801		Orlando, I	FL 32802-4920	
	10-22-2013		M1300000	6684	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records of	f the Flor	ida Dept. of Stat		SECRETARY STARSION OF CO
	Amy J. Patterson				26 8
	Registered Office Address (MUST BE FLORIDA STREET	TADDRE	(22)	-	7 × 65 × 65 × 65 × 65 × 65 × 65 × 65 × 6
	450 S. Orange Avenue				00 CK
	Orlando	L 32801		_ ,	CORPORATION 17
	, F	L			OF STATE REPORTED AM 10: 1
43					- 53
(5)	Enter name of NEW Registered Agent and/or NEW Registers	d Office	address:		7
	Tracey B. Bracco			_	
	NEW Registered Office Address:			_	
	450 S. Orange Avenue, 14th Floor				
				_	
	Orlando , F	L 32801			
change igent was/we he artic	mited liability company is not organized under the later or changes are made, the Florida street address of the pill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cless of organization or the operating agreement of the uncorrected in the operation of a member of a membe	e registe iability of the li e limited Ti	ered office an company, it is imited liability d liability con racey B. Brace	of the business office of a hereby confirmed the lay company or as other npany. The property of the layer of	of the registered at the change(s) wise provided in
o mere wificu	ly reflect a change in the registered office address, leading of this change.	hereby	confirm that	the limited liability co.	mpany has been
Signatur	e of Régistered Agent				