	MENT# M990	)0000 1771	U			F	A'ND TILED		-
1. Entity Name Hardage Hotels Development, LLC						,	F San San Lad		
						00 APR 2	26 PM	1: 39	
					_ ^	OFFICERTA		TATE	
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
12730 High Bluff Drive 12730 High B1: Suite 250 Suite 250				rive		23 164 17 11			
Suite 250 San Diego, CA 92130		Suite 250 San Diego, CA 92130					•		
2208	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	ban blogo, or	. ,		,				
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.			-	DO NOT WR	TE IN THIS	SPACE	
				mnm :					
		City & State		è .	4. FEI Number 33–0879531			Applied For Not Applicable	
Zip	Country	Zip	Coun	try ,	-		<del>:</del> 🗆	\$5.00 Add	
<u> </u>		<u> </u>		1	Certificate of Status Desired     Fee Required      Name and Address of New Registered Agent				<u>d</u>
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and 7	Address of New	Registered	Agent	
David Marinich 3075 N Rocky Point Drive Tampa FL 33607				.t Stroot Addra	se (PO Boy Number	is Not Acceptab	le)	····	
			;	,	treet Address (P.O. Box Number is Not Acceptable)				
					-1	• •	-i		
			4	City		•,	FL	Zip Cod	e
	•			l					
B. The above	named entity submits this statement	for the purpose of changing it	ts reaistere	ed office or real	stered agent, or both	, in the State of F	lorida.		
8. The above	named entity submits this statement	. //			stered agent, or both	, in the State of F	lorida.	,	
SIGNATURE _	Xm L. Marin	David Ma	arinic	iĥ É		, in the State of F	forida. 4/25/1	'n	
SIGNATURE _	named entity submits this statement	David Ma	arinic	iĥ É	stered agent, or both	, in the State of F	4/25/2 DAYE	'n	
SIGNATURE _	Xm L. Marin	David Manadutte of applicable. (NC	arinic	h d Agent signature rec	guired when reinstating)	, in the State of F	4/25/2		
SIGNATURE _	Xm L. Marin	David Manadulie if applicable. (NC	arinic	h d Agent signature rec	guired when reinstating)	, in the State of F	4/25/0	, na	
Signature _	Xm L. Marin	David Man and little if applicable. (NC FILE N Make Check F	arinic	Agent signature records a Agent signature records a Agent signature records a Agent Section 1 of the Agent Section	guired when reinstating)		lorida.  4/25/2  DAYE		
SIGNATURE _ 9.	Signature, typed or printed name of registered ager  MANAGING MEM  MGRM	David Manad title of applicable. (NC)  FILE: Make Check F  BERS/MEMBERS	arinic  NOWIII Payable to  10.	d Agent signature rec FEE IS \$50.	guired when reinstating)		4/25/0		Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE:

Daylime Phone # Date

Thomas D. Farrell, Secretary 4/21/2000 (858)  $794-23\frac{1}{3}8$