

Document Number Only

PO10000083734

Sender's Name Dave Bishmuth Phone 704 525-2626
 Company Comfort Inn
 Address 5822 Westpark Dr.
 City Charlotte State NC ZIP 28217

CORPORATION(S) NAME

600005282256--0

-04/16/02--01011--010
 *****35.00 *****35.00

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

02 APR 16 AM 10:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CU 2P7 *[Signature]*
 PO10000083734

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : HARI KRUPA HOSPITALITY INC
2. The mailing address of the corporation : 800 NORTH MAGNOLIA AVE SUITE 1500
ORLANDO, FL, 32803
3. Date of incorporation/qualification: 8/22/01 Document number: PO1000083734
4. The name and address of the current registered agent and registered office:
STEVEN C LEE
800 NORTH MAGNOLIA AVE STE 1500
ORLANDO, FL, 32803
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
DEVANG V. BRAHMBHATT
COMFORT INN, 830 LEE RD
ORLANDO, FL 32810

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

4/12/02
(Date)

DEVANG BRAHMBHATT / PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

4/12/02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

***** FILING FEE: \$35.00 *****