Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850) 205-0380

Account Name

: MIRABILIS VENTURES, INC.

Account Number

120050000: 32

Phone

(321) 293-1:300

Wax Number

(407) 426-1:191

REGISTERED AGENT CHANGE

LAKE SUITES HOTEL, INC.

Certificate of Smtus	0
Cortified Copy	0
Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LAKE SUITES HOTEL, INC. (Name of Corporation)
DOCUMENT NUMBER: P06000033229
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
(i tallie of collect 2 elsoll)
(Firm/Company)
(Address)
(Additess)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ			
	er to change its registered office or regist	•		
1. The name of	the corporation: LAKE SUITES HOTE	EL, INC.		
2. The principal	office address: 4786 WEST IRLO BRO	ONSON MEMORIAL HIGHWAY	KISSIMMEE FL 34746	
3. The mailing	address (if different): PO Box 4612; C	rjando, FL 32801		
4. Date of incor	poration/qualification: 3/07/2006	Document number: P060000	033229	
	d street address of the current registered a rtment of State:	gent and registered office on file with	the	
	Mark Bernet			
	200 S. Orange Avenue; Su	rite 2800	(
	Orlando, FL 32801		O78	
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered offic	EP 21 RE TAR AHASS	
	Goldberg Bates, PLLC		Fig R M	
	3660 Maguire Boulevard, S		3: 2: FLOF	
	(P.O. Box NOT acceptable) Orlando, Florida 32803		RIE IS	
			ラ	
_	ess of its registered office and the street be identical.			
Such change wanthorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	l by its board of directors or by an o tified in writing of the change.	officer so	
-togus	ure of an orthogram or director)	Good Jan Man	1 +D+D	
Thereby accept Norther agree of my duties, an document is bei corporation has	the appointment as revistered agent anto comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	d agree to act in this capacity, des relative to the proper and comp gation of my position as registered e registered office address, I hereby	olete performance agent. Or, if this confirm that the	
Soll	M Soldhur	September 20, 2007		
If signing on be	enature of Registered Agency shalf of an entity:	(Date)		
Goldberg B	•			
	Typed or Printed Name)			
* * * FILING FEE: \$35.00 * * *				