Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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ril	Address	
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REGISTERED AGENT CHANGE MCKIBBON HOTEL MANAGEMENT, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cl	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this name is submitted for a corporation organized under the laws of the State of Florida deritor to change its registered office or registered agent, or both, in the State of Florida.
1. The name o	f the corporation: MCKIBBON HOTEL MANAGEMENT, INC.
2. The principa	office address: 5315 Avion Park Drive, Suite 120, Tampa FL 33607
3. The mailing	address (if different):
4. Date of inco	aporation/qualification: 12/28/2006 Document number: P06000157225
	Mevin H Sutton 101 E. Kennedy Blvd., Suite 3700 Temps EL 33602
	Kevin H Sutton
	101 E. Kennedy Blvd., Suite 3700
	Tampa FL 33602
6. The name at (if changed)	Tampa FL 33602 Indicate address of the new registered agent (if changed) and for registered office
•	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street add	ress of its registered office and the street address of the business office of its registered agent, ll be identical.
Such change value of by	vas anthorized by resolution duly adopted by its board of directors or by an officer so the board, or the exproration has been notified in writing of the change.
$()\alpha$	David J. Hughs, Vice President
I hereby accept I further agree of my duties, a document is be corporation he	of the appointment as registered agent and agree to uct in this capacity. If the appointment as registered agent and agree to uct in this capacity, a to dompty with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this cling filed nierely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.
By: Section 1	tion Service Company
133. 22-46	Impature of fogistered Agent) (Date)
If signing on b	pehalf of an entity:
Sylvia Quep	pet, Asst. VP
	(Typed or Printed Name)
	* * * # # # # # # # # # # # # # # # # #

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314