

To: CORPORATIONS
Subject

From: Ed Lary

Wednesday, April 12, 2006 10:50 AM Page: 1 of 2

P15233

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

MOA HOSPITALITY, INC.

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**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, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation:

MOA HOSPITALITY, INC.

2. The principal office address:

701 Lee Street, Suite 1000 Des Plaines IL 60016

3. The mailing address (if different):

156 West 56th Street, Suite 1604, New York, NY, 10019

4. Date of incorporation/qualification: 7/17/87 Document number: P15233

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT CORPORATION SYSTEM

1200 S. PINE ISLAND ROAD

PLANTATION FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

National Corporate Research, Ltd., Inc.

515 East Park Avenue

(P.O. Box NOT acceptable)

Tallahassee Florida 32301

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, or the corporation has been notified in writing of the change.

Judith Bory

(Signature of an officer or director)

Judith Bory

(Printed or typed name and title)

Asst. Secretary

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

IDA Barovoy

(Signature of Registered Agent)

4/11/06

(Date)

If signing on behalf of an entity:

IDA BAROVY, ASST. SECY.

(Typed or Printed Name)

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

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