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Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

EDARWOOD HOTEL MANAGEMENT, INC. - SAND KEY

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EXAMINER

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

Pursuant to the provisions of sec	tions 607.0502, 617.0502,	. 607.1508, or 617.1508, Florida Statu ted under the laws of the State of Obio	tes, this
		ved agent, or both, in the State of <u>State</u> and agent, or both, in the State of Florid	
1. The name of the corporation:	CEDARWOOD HOTEL M	ANAGEMENT, INC SAND KEY	
2. The principal office address:	765 MERRIMAN ROAD,	AKRON, OH 44313	
-			
3. The mailing address (if differe	ល់():		<u></u>
4. Date of incurporation/qualification	ation: 10/11/1989	Document number:	P26443
 The name and street address of Florida Department of State; () 	f the current registered ago if resigned, outer resigned	ent and registered office on file with the)	2
CORPORATIO	N SERVICE COMPANY		
1201 HAYS ST	REET		
TALLAHASSE	E FL 32301 US		
6. The name and street address of (if changed):	f the new registered agent	(if changed) and /or registered office	09 JUL 22
C T Corporation	System	· · · · · · · · · · · · · · · · · · ·	22
c/o C T Corpora	tion System, 1200 South Pi	ne Island Road	P
	P.O. Box NOT	acceptable:	PH 2:
Plantation, Flori	da 33324	4 . 1000	22.3
The street address of its register as changed will be identical.	red office and the street a	ddress of the business office of its reg	gistered agent,
Such change was authorized by authorized by the board, or the	resolution duly adopted corporation has been not	by its board of directors or by an offi ined in writing of the change.	cer so
_ KN 70)_		Alan W. Sponseller, Vice Pres	ildent
Squalification of the o	t as registered agent and he provisions of all statu with and accept the oblig to reflect a change in the n writing of this change.	Trinled or typed name and little l agree to act in this capacity. tes relative to the proper and complet action of my position as registered ag registered office address, I hereby co	te performunce ent. Or, if this onfirm that the
By: C 1 Corporation system		6/30/2009	
Signification of Registered	-	Date	
If signing on behalf of an entity Megan G. Wore	;		
Megan G. Ware Assistant Sectedator			
4 mannerest poolessily	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)