Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195

Fax Number

Phone : (850)521-1000 Fax Number : (850)558-1575

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

REGISTERED AGENT CHANGE INNISFREE HOTELS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00



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 Alabama	
1. The name of the corporation: INNISFREE HOTELS, INC.	
2. The principal office address: 113 Baybridge Park, Gulf Breeze, FL 32561	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 06/19/1992 Document number: P39323	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Florida Department of State: C T Corporation System	
1200 South Pine Island Road	
F-mi C.	in D
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Corporation Service Company	
1201 Hays Street	
(P.O. Box NOT accoptable)	
Tallahassee, FL 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.	
(Signature of an interior director) Ack C work/CFO (Printed or typed name and ville)	
I hereby ascept 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. Composation Service Company	
By: (Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
Sylvia Queppet, Asst. Vice President (Typed or Printed Name)	

* * * FILING FEE: \$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)