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## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Stanford Lake Hotel, Inc.

P97000081098

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:

Joyce M. Weible

Name of Contact Person

Stanford Lake Hotel, Inc.

433 California St. Fl. 7

San Francisco, CA 94104-2011

City/State and Zip Code

jweible@stanfordhotels.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joyce M. Weible

at (415 398-3333 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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida $\alpha$ on organized under the laws of the State of $_{ m c}$ or registered agent, or both, in the State of $_{ m c}$	Florida
1. The name of	the corporation: Stanford Lal	ke Hotel, Inc.	
2. The principal	office address: 433 Californicisco CA 94104-2011	ia Street, 7th Floor	
3. The mailing a	ddress (if different):		
4. Date of incor	poration/qualification: 09/18/9	Document number: P9700	00081098
	I street address of the current reg tment of State: (If resigned, ente	istered agent and registered office on file w r resigned)	ith the
	Sonja Giselbrecht		
	7550 Augusta National	Drive	<b></b>
	Orlando FL 32822-502	0	7 2 -
6. The name and (if changed):		ered agent (if changed) and /or registered of	
	Alan Cristantiello		AHIO 16
	7920 Glades Road		Control Control
	Boca Raton, FL 33434	Box NOT acceptable -4192	
The street addre	ess of its registered office and the be identical.	e street address of the business office of it	s registered agent.
Such change wa	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer so
Signatu	igot an officer or director	Joyce M. Weible, Secret	
I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of my duties, and I am familiar wi is document is being filed merel	igent and agree to act in this capacity. all statutes relative to the proper and com th and accept the obligation of my position y to reflect a change in the registered offic otified in writing of this change.	i as registered
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Alan Crista		_	
1	vped 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