

M05000002214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

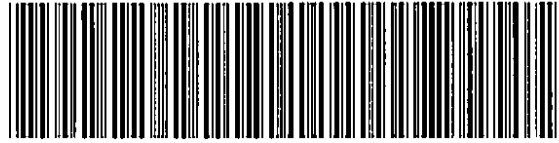
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
17 NOV 14 PM 4:37

FILED
2017 NOV 14 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALV
NOV 15 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 910048 8121762

AUTHORIZATION



COST LIMIT : \$55.00

ORDER DATE : November 13, 2017

ORDER TIME : 10:53 AM

ORDER NO. : 910048-005

CUSTOMER NO: 8121762

FOREIGN FILINGS

NAME: CASA MARINA OWNER, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Casa Marina Owner, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Casa Marina Owner, LLC

Enter new principal office address, if applicable: 1600 Tysons Blvd., 10th FL
McLean, Virginia 22102
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 1600 Tysons Blvd., 10th FL
McLean, Virginia 22102
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M05000002214

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/28/2005

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title/ Capacity Name Address Type of Action

President Thomas J. Baltimore, Jr. 1600 Tysons Blvd., 10th FL Add
McLean, VA 22102 Remove

VP +
Treasurer

Sean M. Dell'Orto 1600 Tysons Blvd., 10th FL Add
McLean, VA 22102 Remove

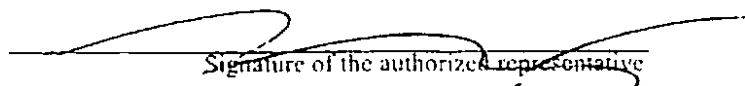
VP +
Secretary

Thomas C. Morey 1600 Tysons Blvd., 10th FL Add
McLean, Va 22102 Remove

VP Robert D. Tanenbaum 1600 Tysons Blvd., 10th FL Add
McLean, VA 22102 Remove

VP Scott D. Winer 1600 Tysons Blvd., 10th FL Add
McLean, VA 22102 Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Thomas C. Morey, Vice President + Secretary
Typed or printed name of signee

Filing Fee: \$25.00

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

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TALLAHASSEE, FLORIDA

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>Darren W. Robb</u>	<u>1600 Tysons Blvd., 10th FL</u>	<input checked="" type="checkbox"/> Add

		<u>McLean, VA 22102</u>	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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<u>Mgr</u>	<u>Joseph Berger</u>	<u>7930 Jones Branch Dr</u>	<input type="checkbox"/> Add
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		<u>McLean, VA 22102</u>	<input checked="" type="checkbox"/> Remove
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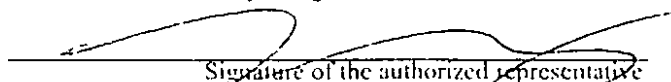
<u>Mgr</u>	<u>Keith Clampet</u>	<u>7930 Jones Branch Drive</u>	<input type="checkbox"/> Add
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		<u>McLean, VA 22102</u>	<input checked="" type="checkbox"/> Remove
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<u>Mgr</u>	<u>W. Steven Standefer</u>	<u>7930 Jones Branch Drive</u>	<input type="checkbox"/> Add
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		<u>McLean, VA 22102</u>	<input checked="" type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Thomas C. Morey, VP & Secretary

Typed or printed name of signee

Filing Fee: \$25.00