M11000005311

(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:

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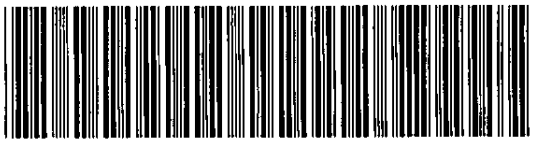


300256340953

B. BOSTICK

MAR - 5 2014

EXAMINER

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 034738 7775081

AUTHORIZATION :

COST LIMIT : $125.00

ORDER DATE : March 3, 2014

ORDER TIME : 11:33 AM

ORDER NO. : 034738-165

CUSTOMER NO: 7775081

FOREIGN FILINGS

NAME: CLPSUN TWO POOL ONE, LLC

_____ CORPORATE
_____ LIMITED PARTNERSHIP
XX ___ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight -- EXT#

EXAMINER: _____

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

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: CLPSUN TWO POOL ONE, LLC

2. Jurisdiction of its organization: DELAWARE M11-5311

3. Date authorized to do business in Florida: 10-24-11

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: HCRI SUN TWO POOL ONE, LLC
(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.")

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

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

7. Attached is an original 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.

Erin C Ibele
Signature of the authorized representative

Erin C. Ibele,
Senior Vice President - Administration & Corporate Secretary
Typed or printed name of signee

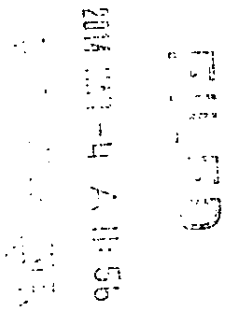
Filing Fee: $25.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CLPSUN TWO POOL ONE, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "HCRI SUN TWO POOL ONE, LLC", THE FIRST DAY OF JULY, A.D. 2013, AT 5:46 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Jeffrey W. Bullock, Secretary of State

4408856 8320

AUTHENTICATION: 1175515

140281377

DATE: 03-04-14

You may verify this certificate online at corp.delaware.gov/authver.shtml