M14000006903

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| (Cib.(Chata)7.a(Chana #) |
| (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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Office Use Only



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FILED

RECEIVED
2017 APR -6 AN II: 03
SECRETARY OF STATE

S Warren APR 0.7 2017

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 577596 7580356

AUTHORIZATION

COST LIMIT : //\$, 25.00

ORDER DATE: March 30, 2017

ORDER TIME : 10:18 AM

ORDER NO. : 577596-680

CUSTOMER NO: 7580356

FOREIGN FILINGS

NAME: ARC HOSPITALITY PORTFOLIO

II TRS, 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: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: ARC Hospitality Portfolio II TRS, 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: |
| Julie Johnson |
| Name of Person |
| Crestline Hotels & Resorts |
| Firm/Company |
| 3930 University Drive, Suite 301 |
| Address |
| Fairfax, VA 22030 |
| City/State and Zip Code |
| julie.johnson@crestlinehotels.com |
| E-mail address: (to be used for future annual report notification) |
| Post for the sinformation approximate this matter, places calls |
| For further information concerning this matter, please call: Julie Johnson 21,571,529-6141 |
| Name of Person Area Code & Daytime Telephone Number |
| |
| STREET/COURIER ADDRESS: "MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 |
| Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc |

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

SECTION I (1-4 must be completed)

| A ST CHARLES COMMON COM | and the second of the Placida Danastment of | |
|--|--|----------|
| 1. Name of limited liability Company as it appears State: ARC Hospitality Portfolio | | |
| Enter new principal office address, if applicable: | 3950 University Drive | |
| (<u>Principal office address</u> MUST BE A STREET ADDRESS) | Suite 301 | |
| | Fairfax, VA 22030 | |
| Enter new mailing address, if applicable: | 3950 University Drive | |
| (Mailing address MAY BE A POST OFFICE BOX) | Suite 301 | |
| | Fairfax, VA 22030 | |
| 2. The Florida document number of this limited hal | bility company is: M1400006903 | |
| 3. Jurisdiction of its organization: Delaware | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | TI |
| 4. Date authorized to do business in Florida: 9/2 | 24/2014 | |
| SECTION II (5-9 complete only the applicable of | | in |
| 5. New name of the limited liability company. | IT Portfolio II TRS, LLC デター | D |
| (must | contain "Limited Liability Company," "L.L.C. TO THE "LLC." |) |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C. | for the purpose of transacting business in Florida and attach raging members adopting the alternate name. The alternate na | a ime |
| 6. If amending the registered agent and/or registere registered agent and/or the new registered office ad | d officer address on our records, enter the name of the new | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida Street Address | A |
| | | |
| | City , Florida Zip Code | |
| the provisions of all statutes relative to the proper and accept the obligations of my position as regist | nt and agree to act in this capacity. I further agree to comply and complete performance of my duties, and I am familiar wi ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the lim | ith |

| Fitle/ Capacity | <u>Nane</u> | <u>Address</u> | Type of Action |
|---|--|----------------------------------|----------------|
| Member | ARC Hospitality Portfolio II TRS Holdco, LLC | 106 York Rd | Add |
| | | Jenkintown, PA 19 | 9046 ■ Remo |
| Member HIT Portfolio II TRS Holdco, LLC | HIT Portfolio II TRS Holdco, LLC | 3950 University Drive, Suite 301 | |
| | Fairfax, VA 22 | 030 _{Remo} | |
| | | | Add |
| | | | Remov |
| | | | Add |
| | | | Remov |
| | | | ∏ Add |
| | | | |

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ARC HOSPITALITY

PORTFOLIO II TRS, LLC", FILED A CERTIFICATE OF AMENDMENT,

CHANGING ITS NAME TO "HIT PORTFOLIO II TRS, LLC" ON THE THIRTY
FIRST DAY OF MARCH, A.D. 2017, AT 12:06 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 REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 202333685 Date: 04-06-17

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