

**2016 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M05000002008

**Entity Name:** CENTEX HOSPITALITY GROUP, LLC**Current Principal Place of Business:**3350 PEACHTREE ROAD NE  
SUITE 150  
ATLANTA, GA 30326**Current Mailing Address:**3350 PEACHTREE ROAD NE  
SUITE 150  
ATLANTA, GA 30326 US**FEI Number:** 20-2057788**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MICHELE L. ABBOTT

10/26/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VICE PRESIDENT AND TREASURER  
Name ROBINSON, BRUCE  
Address 3350 PEACHTREE ROAD NE  
SUITE 150  
City-State-Zip: ATLANTA GA 30326

Title PRESIDENT  
Name DUGAS, JR., RICHARD  
Address 3350 PEACHTREE ROAD NE  
SUITE 150  
City-State-Zip: ATLANTA GA 30326

Title VICE PRESIDENT & SECRETARY  
Name CLEMENTS, SCOTT M.  
Address 3350 PEACHTREE ROAD NE  
SUITE 150  
City-State-Zip: ATLANTA GA 30326

Title ASST VICE PRESIDENT  
Name GODLEY, DEBORAH L  
Address 2728 N HARWOOD STREET  
3RD FLOOR  
City-State-Zip: DALLAS TX 75201

Title SR VICE PRESIDENT, SECRETARY  
AND MANAGER  
Name COOK, STEVEN  
Address 3350 PEACHTREE ROAD NE  
SUITE 150  
City-State-Zip: ATLANTA GA 30326

Title ASSISTANT SECRETARY  
Name CONLON, KELLYMARIE M.  
Address 3350 PEACHTREE ROAD NE  
SUITE 150  
City-State-Zip: ATLANTA GA 30326

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KELLYMARIE CONLON**AUTHORIZED PERSON**

10/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date