

A13000000333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 13 2016

S. YOUNG



CORPORATION SERVICE COMPANY

CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: July 7, 2016

Order#: 198706/105

Re: WINTER HAVEN MANOR, LP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Janis M. Smith
c/o Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. WINTER HAVEN MANOR, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/21/2013 3. A13000000333
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

National Corporate Research, Ltd., Inc.

Name

115 North Calhoun St., Suite 4

Address

Tallahassee FL 32301

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Matthew Osborne Matthew Osborne, President on behalf of
Signature of General Partner By: Housing Preservation, Inc., Its General Partner

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 an accept the obligations of my position as registered agent.

By: Grace E. Kirby
Signature of Registered Agent
Grace E. Kirby, Assistant Vice President

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2016

KAREN PICKENS
8621 E 21ST STREET NORTH
SUITE 250
WICHITA, KS 67206

Re: Document Number M13000003371

The Amendment to the Application of a Foreign Limited Liability Company for VALUE PLACE FT MYERS FL EAST LLC which changed its name to WOODSPRING SUITES FORT MYERS NORTHEAST LLC, a Kansas limited liability company authorized to transact business in Florida, was filed on July 12, 2016.

The certification you requested is enclosed.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Shelia H Young
Regulatory Specialist II
Division of Corporations

Letter Number: 016A00014661

State of Florida



Department of State

I certify from the records of this office that VALUE PLACE FT MYERS FL EAST LLC which changed its name to WOODSPRING SUITES FORT MYERS NORTHEAST LLC is a Kansas limited liability company authorized to transact business in the State of Florida, qualified on May 28, 2013.

The document number of this limited liability company is M13000003371.

I further certify that said limited liability company has paid all fees due this office through December 31, 2015, that its most recent annual report was filed on April 23, 2015, and its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Thirteenth day of July, 2016



CR2EO22 (1-11)

Ken Detzner

Ken Detzner
Secretary of State

State of Florida



Department of State

I certify the attached is a true and correct copy of the Amendment to the Application of a Foreign Limited Liability Company, filed on July 12, 2016, for VALUE PLACE, FT. MYERS, FL, EAST, LLC which changed its name to WOODSPRING SUITES FORT MYERS NORTHEAST LLC, a Kansas limited liability company authorized to transact business in Florida, as shown by the records of this office.

The document number of this limited liability company is M13000003371.



Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Thirteenth day of July, 2016



CR2EO22 (1-11)

Ken Detzner

Ken Detzner
Secretary of State

**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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Value Place Ft Myers FL East

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M13000003371

3. Jurisdiction of its organization: Kansas

4. Date authorized to do business in Florida: 05/28/2013

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

5. New name of the limited liability company: WoodSpring Suites Fort Myers Northeast 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.")

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

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

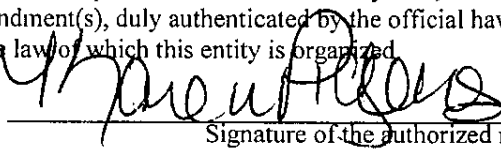
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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			<input type="checkbox"/> Add
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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

Karen Pickens

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6909345

Entity Name: WOODSPRING SUITES FORT MYERS NORTHEAST LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: KAREN PICKENS

Registered Office: 8621 E. 21ST STREET NORTH SUITE 250, WICHITA, KS 67206

was filed in this office on May 21, 2013, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of July 01, 2016

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 822326 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

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