

B15000000178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

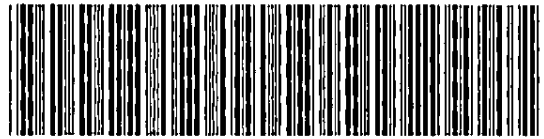
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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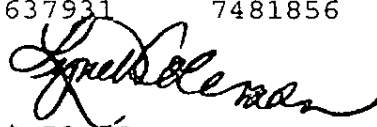
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FILED
19 FEB 19 AM 7:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
FEB 22 2019

19 FEB 19 PM 4:08

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

ACCOUNT NO. : I20000000195
REFERENCE : 637931 7481856
AUTHORIZATION : 
COST LIMIT : \$ 52.50

ORDER DATE : February 19, 2019
ORDER TIME : 3:05 PM
ORDER NO. : 637931-010
CUSTOMER NO: 7481856

FOREIGN FILINGS

NAME: SB HOTEL OWNER, L.P.

☐ CORPORATE
☒ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____



RESUBMIT

Please give original
submission date as file date.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2019

CSC
EMILY CROFT

SUBJECT: SB HOTEL OWNER, L.P.
Ref. Number: B15000000178

We have received your document for SB HOTEL OWNER, L.P. and the authorization to debit your account in the amount of \$52.50. However, the document has not been filed and is being returned for the following:

The form submitted is the incorrect form to change the Registered Agent. Enclosed is the proper form to change the Registered Agent. Also, as there is not a designated space to update the principle & mailing address, you can change them on the annual report or send an e-mail to "corpaddresschange@dos.myflorida.com"

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 919A00003593

RECEIVED
19 FEB 21 PM 4:08
CORPORATION
DIVISION OF
STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SB Hotel Owner, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Melissa Durbin

Contact Person

Host Hotels & Resorts, Inc.

Firm/Company

6903 Rockledge Drive, Ste. 1500

Address

Bethesda, Maryland 20817

City, State and Zip Code

Ronald.clarke@hosthotels.com

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

For further information concerning this matter, please call:

Melissa Durbin

Name of Contact Person

at (240) 744-5163

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

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

MAILING ADDRESS:

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

**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. SB Hotel Owner, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership
2. June 24, 2015 3. B15000000178
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:

CT Corporation System
Name
1200 South Pine Island Road
Address
Plantation, Florida 33324
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.

[Signature]
Signature of 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 and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Roxanne Turner
Asst. Vice President

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

FILED
19 FEB 19 AM 7:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA