

F16000003801

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000396746 3)))



H200003967463ABC4

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
RED LION HOTELS CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

*Amend.*

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 18 2020

D CONNELL

11/17/2020 9:37 AM

2020 NOV 17 P 1:02

FILED

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F16000003801

(Document number of corporation (if known))

1. Red Lion Hotels Corporation  
(Name of corporation as it appears on the records of the Department of State)
2. Washington 3. 08/24/2016  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_
5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_
6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

FILED

2020 NOV 17 P 1:02

CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President, Chief Executive Officer, Director	John J. Russell, Jr.	1550 Market Street, Suite 425, Denver, CO, 80202	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Executive Vice President, Treasurer, Assistant Secretary, Director	Gary Kohn	1550 Market Street, Suite 425, Denver, CO, 80202	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Executive Vice President Secretary, Director	Judith A. Jarvis	1550 Market Street, Suite 425, Denver, CO, 80202	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	Please see attached		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Carlos M Alvarez

(Typed or printed name of person signing)

Attorney-in-Fact

(Title of person signing)

**FILING FEE \$35.00**

Title / Capacity	Name	Address	Type of Action
S	McKeirnan, Thomas L.	201 W. NORTH RIVER DRIVE #305, SPOKANE, WA 99201	Remove
D	Simi, Bonny	1550 MARKET STREET #425 DENVER, CO 80202	Remove
D	Megibow, Joe	1550 MARKET STREET #425 DENVER, CO 80202	Remove
CFO.	Shiflett, Julie	201 W. NORTH RIVER DRIVE #305, SPOKANE, WA 99201	Remove
D	Humphreys, Amy	1550 MARKET STREET #425 DENVER, CO 80202	Remove
D	Darnall, Ted	1550 MARKET STREET #425 DENVER, CO 80202	Remove
D	Brace, Frederic	1550 MARKET STREET #425 DENVER, CO 80202	Remove
D	Pate, Carter	1550 MARKET STREET #425 DENVER, CO 80202	Remove
VP	Langenheim, Julie	201 W. NORTH RIVER DRIVE #305, SPOKANE, WA 99201	Remove