

#### Division of Corporations Electronic Filing Cover Sheet

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(((H100001159513)))



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TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

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





### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CNL RESORT HOSPITALITY GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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## **COVER LETTER**

	ation Section n of Corporations			
SUBJECT:	CNL Re Name of Forci	sort Hospitality		Thanv
Dear Sir or Mac		g., _,,,,,,,		
The enclosed ap	plication, certificate and fee(s	) are submitte	d for filing.	
Please return all	correspondence concerning the	is matter to t	he followin	ġ:
· · · · · · · · · · · · · · · · · · ·	Mary Burker	<u> </u>		
	Name of Person			
	Pyramid Advisors LLC			
	Firm/Company			
,	One Post Office Square Suite 3100			
··	Address		_	
	Boston, MA 02109			
	City/State and Zip Code	3		-
	nibarker@pyramidhotelgroup.c			,
E-mail address	s: (to be used for future annual	report notific	ention)	
for further infor	mation concerning this matter,	picase cali:		
	Olga Hinkel	at ( 800		225-2034
٨	lame of Person	Area Coc	le & Daytin	ne Telephone Number
STREET	COURIER ADDRESS:			ING ADDRESS:
	ion Section	•		ration Section
Division Clifton B	of Corporations			on of Corporations ox 6327
2661 Exe	outive Center Circle ee. Florida 32301			assee. Florida 32314
yclased is a che \$25 Filing Fee	ck for the following amount \$30 Filing Fee & Certificate of Status	f ☐\$55 Filii Certified	-	S60 Filing Fee, Certificate of Status & Certified Copy

# O HAY 13 AM 8: 2

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-3 must be completed)

- <del></del>
1. Name of limited liability company as it appears on the records of the Florida Department of State: CNL Resont Hospitality GP; LLC
2. Jurisdiction of its organization: Belaware
3. Date authorized to do business in Florida: 64/29/2004
SECTION II (4-7 complete only the applicable changes)
4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 07/14/2008
5. New name of the limited liability company:  (noticed with "Limited Eability Company," "L.L.C.," or "LLC.")
MSR Resort Nospitality GR, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consont of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "L.C.")  5. If the amendment changes the period of duration, indicate new period of duration:  (1/4)
. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
. If the amendment corrects any false statement, indicate the statement being corrected and the correction:
nia-
Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duty authentionted by the official having custody of records in the jurisdicti under the law of which this entity is organized.
Signature of a member of the multiorized representative of a member Christopher Devine Vice President
Typed or primed name of signee
Filing Fgo: \$25.00

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# Delaware

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## The First State

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CNL RESORT

BOSPITALITY GP, LLC", FILBD A CERTIFICATE OF AMENDMENT, CHANGING

ITS NAME TO "MSR RESORT HOSPITALITY GP, LLC", THE FOURTEENTH DAY

OF JULY, A.D. 2008, AT 4:50 O'CLOCK P.M.

*3783602 8320* 

100500988

You may verify this cartificate only at care, delaware, gov/suthwar, shtal

Jeffrey W. Bullock, Secretary of State

NTXCATION: 7989715

DATE: 05-12-10