

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.

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To:		: _{>=} :	-<
	Division of Corporations	1.1.1	$\frac{1}{2}$
	Fax Number : (850)617-6383	₹ <u>₹</u> -<	:0
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From:		رت ۱۳ (ت ا	
	Account Name : C T CORPORATION SYSTEM		5 5 5 5 6 7 8
	Account Number : FCA000000023	1	
	Phone : (614)280-3338	rri.	00
	Fax Number : (954)2 08-084 5		
≉Enter an	the email address for this business entity to be use nual report mailings. Enter only one email address p	ed for futu lease.**	re

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DAVIDSON HOTEL COMPANY LLC

Certificate of Status0Certified Copy1Page Count03Estimated Charge\$55.00

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From: Ranae McGraw



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appears on the	records of the Florida Depa	artinent of
State: Davidson Hotel Compuny LLC		·
Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		-
P		
(Mailing address		200
MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liability co	mpany is: M05001006424	PATE 148
Jutisdiction of its organization: DE		
4. Date authorized to do business in Florida: 11/21/2005		
SECTION II (5-9 complete only the applicable changes		, , ,
5. New name of the limited liability company:		
(must contain	"Limited Liability Compa	ny; " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the copy of the written consent of the managers or managing must contain "Limited Liability Company," "L.L.C." or "L	rembers adopting the altern	ness in Florida and attach a late name. The alternate name
6. If amending the registered agent and/or registered office registered agent and/or the new registered office address he	r address on our records, <u>ei</u> ere:	iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floridà Su	reet Address
- And the observed on the observed of the observed on the obse	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent and ag the provisions of all statutes relative to the proper and com and accept the obligations of my position as registered age document is being filed to merely reflect a change in the reliability company has been notified in writing of this chang	Agent: tree to act in this capacity, plete performance of my di nt as provided for in Chapi eistered office address. I he	I further agree to comply with uties, and I am familiar with ter 605, F.S. Or, if this ereby confirm that the limited

19542080845

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:								
Title/ Capacity MGRM	Name Monroe DHH Holdings LLC	Address Ty		ne of Action				
		One Ravina Drive, Suite 1600		□Add				
		Atlanta, GA 30346		Z Remo				
MGR	Crystal T. Beasley	One Ravina Drive, Suite 1600		⊠Add				
		Atlanta, GA 30346	SECKETA	2021 HAP 12021				
·····		·	ACSEE, FL	2 P/104: 1,8				
				□Remo				
			,	□Add				
				Remo				
				□Add				
aforemention	certificate, if required: no more than 90 ed amendment(s), duly authenticated by nder the law of which this entity is orga	the official having custody of records.	in the	□Remo				

Filing Fee: \$25.00