## M0500006968

(Red	juestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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SECRETARY OF STATE

10 Hay 15 AH 10: 54

K. SALY MAY 16 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

		ACCO	OUNT NO.	:	12000000	00195	
		RI	FERENCE	:	205791	4302216	
		AUTHOR	RIZATION	:	Someth	dena	
		COS	T LIMIT	:	\$ 65.00	No.	
ORDER DA	ΓE :	May 14,	2018				
ORDER TI	ME :	9:38 AM	1				
ORDER NO	. :	205791-1	.00				
CUSTOMER	NO:	43022	216				
		Ī	OREIGN F	ILI	<u>1GS</u>		
N	AME:	LQ FI	PROPERT	IES	L.L.C.		
LI		PARTNERS	SHIP Y COMPAN	Y			
XXXX AME	NDMENT	ŗ					
PLEASE R	ETURN	THE FOLI	OWING AS	PRO	OOF OF FI	LING:	
XX	PLAIN	FIED COPY STAMPED FICATE OF		AND:	ING		

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

## **COVER LETTER**

Division of Corporations	
SUBJECT: LQ FL Properties L.L.	C.
	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are	e submitted for filing.
Please return all correspondence concerning this n	natter to the following:
David Bradtke	
Name of Person	
CorePoint Lodging Inc.	
Firm/Company	
909 Hidden Ridge, Suite 600	
Address	
Irving, TX 75038	
City/State and Zip Code	
david.bradtke@laquinta.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, ple	ease call:
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:  \$25 Filing Fee \$30 Filing Fee & Certificate of Status  CR2E055 (9/15)	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

## 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 of	n the records of the Florida Department of
State: LQ FL Properties L.L.C.	55 5
Enter new principal office address, if applicable:	n the records of the Florida Department of
(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 liabil	ity company is: M05000006968
<ul> <li>Jurisdiction of its organization: Delaware</li> <li>Date authorized to do business in Florida: 12/20</li> </ul>	0/2005
SECTION II (5-9 complete only the applicable cha	anges)
(If name unavailable, enter alternate name adopted fo copy of the written consent of the managers or managers contain "Limited Liability Company," "L.L.C."	or the purpose of transacting business in Florida and attach a ging members adopting the alternate name. The alternate name or "LLC.")
6. If amending the registered agent and/or registered or registered agent and/or the new registered office addr	officer address on our records, enter the name of the new
Name of New Registered Agent:	\$\$\$
New Registered Office Address:	Enter Florida Street Address
·	
	, Florida City Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:

New Registered Agent's Signature, It 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.

<ol> <li>If the amendment changes the jurisdiction of organization, indicate new jurisdiction:</li> <li>If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), ind</li> </ol>		18 WILED	
8. If the amendmer	nt changes person, title or capacity in	accordance with 605.0902 (1)(e), indicate	ste that change: AM & 24
Title/ Capacity	<u>Name</u>	Address	Type of Action
			Remove
		·	Add
			Remove
		<u></u>	
			Remove
			Add
			Remove
			Add
			Remove
aforementioned	er the law of which this entity is org	by the official having custody of record panized.	s in the
	The Brank	f the authorized representative	
	David Bradtke		
		inted name of signee	_

Filing Fee: \$25.00

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "LQ FL PROPERTIES

L.L.C.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

"CPLG FL PROPERTIES L.L.C." ON THE THIRD DAY OF MAY, A.D. 2018,

AT 6:06 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

18 MAY 15 AM 8: 24
SECRETARY OF STATE
TALL ABANNEE STORING



Authentication: 202689979

Date: 05-14-18

4072487 8320 SR# 20183720385