

M1100000 4138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

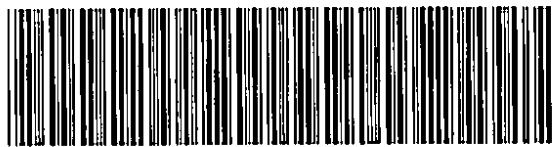
(Document Number)

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2018

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BB & T Hotel Investors, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samuel Hardage

Name of Person

Hardage Hospitality

Firm/Company

12555 High Bluff Drive, Suite 330

Address

San Diego, CA 92130

City/State and Zip Code

beth@thehardagegroup.com

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

For further information concerning this matter, please call:

Beth Chaney

Name of Person

at ( 858 ) 314-7914

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

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
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 on the records of the Florida Department of

State: BB & T Hotel Investors, LLC

Enter new principal office address, if applicable:

N/A

(Principal office address

MUST BE A STREET ADDRESS)

12555 High Bluff Drive, Suite 330

San Diego, CA 92130

Enter new mailing address, if applicable:

N/A

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M11000004138

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 08/15/11

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Tampa Rocky Point Investors, LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if 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.*

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

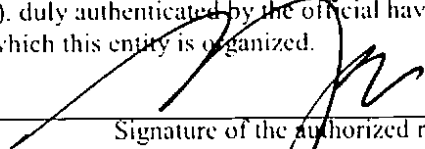
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative  
**Samuel A. Hardage**  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

STATE OF NEVADA

**BARBARA K. CEGAVSKE**  
*Secretary of State*

**KIMBERLEY PERONDI**  
*Deputy Secretary  
for Commercial Recordings*



**Commercial Recordings Division**  
202 N. Carson Street  
Carson City, NV 89701-4201  
Telephone (775) 684-5708  
Fax (775) 684-7138

OFFICE OF THE  
SECRETARY OF STATE

**Certified Copy**

August 29, 2018

**Job Number:** C20180828-2228  
**Reference Number:** 00011078504-56  
**Expedite:**  
**Through Date:**

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

<b>Document Number(s)</b>	<b>Description</b>	<b>Number of Pages</b>
20180377442-08	Certificate of Correction	1 Pages/1 Copies



Respectfully,

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Certified By: Paul Reyes  
Certificate Number: C20180828-2228

**Commercial Recording Division**  
202 N. Carson Street  
Carson City, Nevada 89701-4201  
Telephone (775) 684-5708  
Fax (775) 684-7138



BARBARA K. CEGAVSKE  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)



\*090403\*

## Certificate of Correction

(PURSUANT TO NRS CHAPTERS 78,  
78A, 80, 81, 82, 84, 86, 87, 87A, 88,  
88A, 89 AND 92A)

Filed in the office of <i>Barbara K. Cegavske</i>	Document Number <b>20180377442-08</b>
Barbara K. Cegavske Secretary of State State of Nevada	Filing Date and Time <b>08/27/2018 2:10 AM</b>
	Entity Number <b>E0452692011-4</b>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

### Certificate of Correction

ABOVE SPACE IS FOR OFFICE USE ONLY

(Pursuant to NRS Chapters 78, 78A, 80, 81, 82, 84, 86, 87, 87A, 88, 88A, 89 and 92A)

1. The name of the entity for which correction is being made:

BB & T Hotel Investors, LLC

2. Description of the original document for which correction is being made:

Articles of Organization Limited Liability Company

3. Filing date of the original document for which correction is being made:

08/10/2011

4. Description of the inaccuracy or defect:

Entity Name Change

5. Correction of the inaccuracy or defect:

Change of name from BB & T Hotel Investors, LLC to Tampa Rocky Point Investors, LLC

6. Signature:

X

Authorized Signature

Manager

Title \*

08/27/2018

Date

\* If entity is a corporation, it must be signed by an officer if stock has been issued, OR an incorporator or director if stock has not been issued; a limited-liability company, by a manager or managing members; a limited partnership or limited-liability limited partnership, by a general partner; a limited-liability partnership, by a managing partner; a business trust, by a trustee.

**IMPORTANT:** Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State Correction  
Revised: 1-5-15