M12000002306

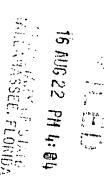
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	i i
Special Instructions to Filing Officer:	

Office Use Only



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August 4, 2016

JOHN D ROBERTSON 201 ROBERTS S KERR AVE SUITE 1600 OKLAHOMA CITY, OK 73102

SUBJECT: COVENANT HOSPITALITY LLC

Ref. Number: M12000002306

We have received your document for COVENANT HOSPITALITY LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

2016 AUG 23 PM 2:23

Letter Number: 316A00016440

COVER LETTER

Divis	ion of Corporations			
SUBJECT:	Covenant Hospitali	ty LLC		
	Name of Foreig	n Limited Liabili	ity Compar	ny
Dear Sir or M	1adam:			
The enclosed	application, certificate and fee(s)	are submitted for	r filing.	
Please return	all correspondence concerning thi	s matter to the fo	ollowing:	
John D	. Robertson			·
	Name of Person			
Hartzog	Conger Cason & N	eville		
	Firm/Company			
201 Ro	bert S. Kerr Ave., S	uite 1600		
	Address			
Oklaho	ma City, OK 73102			
	City/State and Zip Code			
shannon.	anderson@cartographer	capital.com		•
E-mail add	lress: (to be used for future annual	report notification	on)	
T 6 4 1		1 11.		
	nformation concerning this matter, . Robertson	405	235-7	7000
301111111111111111111111111111111111111	Name of Person	at ()		Telephone Number
	Name of Terson	Alea Code C	z Dayume	retephone (vamoe)
	EET/COURIER ADDRESS:			NG ADDRESS:
_	stration Section			tion Section of Corporations
	sion of Corporations on Building		P.O. Box	•
	Executive Center Circle			see, Florida 32314
Talla	hassee, Florida 32301			
	a check for the following amoung Fee \$30 Filing Fee &	t: \$55 Filing	a Fae le	\$60 Filing Fee,
\$25 Filing	Certificate of Status	Certified	_	Certificate of Status
	,cerminate of States		· - F 2	Certified Copy

TO:

Registration Section

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	s on the records of the Florida Department of			
State: Covenant Hospitality LLC				
Enter new principal office address, if applicable:	,			
(Principal office address	210 Park Avenue, Suite 3000			
MUST BE A STREET ADDRESS)	Oklahoma City, OK 73102			
	040 Davis Asianua Cuita 2000			
Enter new mailing address, if applicable:	210 Park Avenue, Suite 3000			
(Mailing address MAY BE A POST OFFICE BOX)	Oklahoma City, OK 73102			
·				
2. The Florida document number of this limited lia	bility company is:M12000002306			
3. Jurisdiction of its organization: Delaware				
5. Julisdiction of its organization.	oril 25. 2012			
4. Date authorized to do business in Florida: Ap	$z_{ij} = z_{ij}$			
SECTION II (5-9 complete only the applicable of				
5. New name of the limited liability company:	Anthology Collection LLC Significant Contain "Limited Liability Company," "L.L.C.," or "LEC.")			
(mus	t contain Limited Liability Company, L.E.C., or LEC.)—			
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")			
6. If amending the registered agent and/or registered registered agent and/or the new registered office agent.	ed officer address on our records, enter the name of the new ddress here:			
Name of New Registered Agent:	<u>.</u>			
New Registered Office Address:	Enter Florida Street Address			
	Enter Piorida Street Address			
· .	, Florida			
New Decistored Agent's Signature if shoreing De				
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited			

liability company has been notified in writing of this change.

litle/Capacity	<u>Name</u>	Address Type of Action
Manager	Lance Humphreys	210 Park Ave., Suite 3000, OKC, OK 73102
,		
		Remo
Manager	CFS, LLC	210 Park Ave., Suite 3000, OKC, OK 73102
		Remo
	•	Add
		Remov
<u>.</u>	· .	
		Remey
	•	Remov

Filing Fee: \$25.00

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "COVENANT HOSPITALITY LLC", CHANGING ITS NAME FROM "COVENANT HOSPITALITY LLC" TO "ANTHOLOGY COLLECTION LLC", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2016, AT 2:19 O'CLOCK P.M.



Authentication: 202845171 Date: 08-17-16

4935425 8100 SR# 20165405321

State of. Delaware
Secretary of State
Division of Corporations
Delivered 02:19 PM 07/28/2016
FILED 02:19 PM 07/28/2016
SR 20165123593 - File Number 4935425

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

		Hospitalit	-		·
The Certificate of I	Formation of	the limited liabil	ity compa	ny is hereby	amer
as follows:					<u> </u>
(hereinafter	e name of called th	the limited "limited	d liab	ility com	npan
is: Antholog	y Collect	ton LLC.			
					•
, 					
IN WITNESS WH	EREOF, the	undersigned hav	/e execute	d this Certif	icate
IN WITNESS WE	EREOF, the	-	/e execute	d this Certif	
		July Covenant Hos By: CFS, LLC	spitality LLC C, its Manager	, A.D. <u>20</u>	16 .
		July Covenant Hos By: CFS, LLC	spitality LLC C, its Manager	, A.D. <u>20</u>	16
		July Covenant Ho. By: CFS, LLC By: Cartogram	spitality LLC C, its Manager ther Capital,	, A.D. <u>20</u>	16
		July Covenant Ho. By: CFS, LLC By: Cartogram	apitality LLC C, its Manager ther Capital, Authoriz	L.C., its Manager)