

M13000003371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

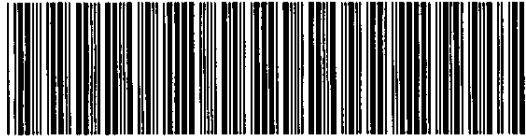
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
15 JUN -5 AM 3:56  
TALLAHASSEE, FLORIDA

JUN 08 2015

S MASON

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Value Place Ft Myers FL East 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:

Amy Hall  
Name of Person

Firm/Company

8621 E. 21st Street North, Suite 250  
Address

Wichita, KS 67206  
City/State and Zip Code

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

For further information concerning this matter, please call:

Amy Hall at ( 316 ) 630-5552  
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       \$55 Filing Fee & Certified Copy       \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/14)

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DIVISION OF CORPORATIONS  
15 JUN -5 AM 3:56  
TALLAHASSEE, FLORIDA

**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: Value Place Ft Myers FL East LLC
2. The Florida document number of this limited liability company is: M13000003371
3. Jurisdiction of its organization: Kansas
4. Date authorized to do business in Florida: May 21, 2013

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

5. New name of the limited liability company: WoodSpring Suites Ft Myers FL East 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 office 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:

\_\_\_\_\_

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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
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_____	_____	_____	<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.

Charlene Pickens  
 Signature of the authorized representative

Karen Pickens  
 Typed or printed name of signee

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 SECRETARY OF STATE  
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 TALLAHASSEE, FLORIDA  
 15 JUN -5 AM 3:57

**Filing Fee: \$25.00**

**STATE OF KANSAS  
OFFICE OF  
SECRETARY OF STATE  
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6909345

Entity Name: WOODSPRING SUITES FT MYERS FL EAST LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: KAREN PICKENS

**REGISTERED** Office: 8621 E. 21ST STREET NORTH SUITE 250, WICHITA, KS  
67206

was filed in this office on May 21, 2013; and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business **ACTIVITY** or practices of this entity.



In testimony whereof I execute this **CERTIFICATE** and affix the seal of the Secretary of State of the state of Kansas on this day of June 08, 2015

*Kris W. Kobach*

**KRIS W. KOBACH  
SECRETARY OF STATE**

**CERTIFICATE** ID: 678208 - To verify the validity of this **CERTIFICATE** please visit <https://www.kansas.gov/bess/flow/validate> and **ENTER** the certificate ID number.