

M13000003371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

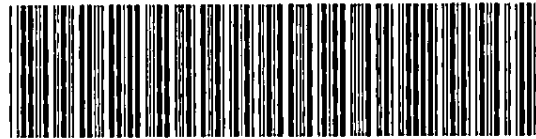
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200335816932

10/21/19--01012--001 **450.00

FILED
19 OCT 21 AM 10:54
Filing Office of the
State of Michigan

REV 12-2019
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WoodSpring Suites Fort Myers Northeast 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:

Leslie Fowler

Name of Person

Brookwood Hotels

Firm/Company

8621 E 21st Street North, Ste. 230

Address

Wichita, KS 67206

City/State and Zip Code

lfowler@brookwoodhotels.com

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

For further information concerning this matter, please call:

Leslie Fowler

Name of Person

at (316) 631-1369

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: WoodSpring Suites Fort Myers Northeast LLC

Enter new principal office address, if applicable: _____

(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 liability company is: M13000003371

3. Jurisdiction of its organization: Kansas

4. Date authorized to do business in Florida: 05/28/2013

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

5. New name of the limited liability company: BSREP II WS Fort Myers Northeast 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.

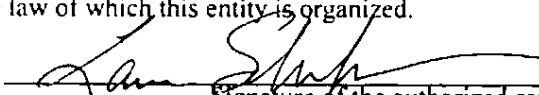
If Changing Registered Agent, Signature of New Registered Agent

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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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

Laura Schoenberger

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE

I, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

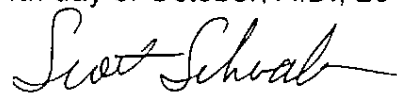
That BSREP II WS FORT MYERS NORTHEAST, LLC is a regularly and properly organized limited liability company under the laws of the state of Kansas, having been incorporated in Kansas on the 12st day of May, A.D., 2013.

I FURTHER CERTIFY that restated articles of incorporation were filed in this office August 12, 2019 changing the company name from WOODSPRING SUITES FT MYERS NORTHEAST, LLC to BSREP II WS FORT MYERS NORTHEAST, LLC.

I DO FURTHER CERTIFY that BSREP II WS FORT MYERS NORTHEAST, LLC is in good standing having fully complied with all requirements of this office.



In testimony whereof:
I hereto set my hand and cause
to be affixed my official seal.
Done at the City of Topeka,
this 14th day of October, A.D., 2019.



SCOTT SCHWAB
KANSAS SECRETARY OF STATE