1/14/000006902

(Re	equestor's Name)	
(Ac	ldress)	<u>, , , , , , , , , , , , , , , , , , , </u>
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K SALY APR - 7 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 577596 7580356

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: March 30, 2017

ORDER TIME : 10:08 AM

ORDER NO. : 577596-495

CUSTOMER NO: 7580356

FOREIGN FILINGS

NAME: ARC HOSPITALITY PORTFOLIO II

MISC TRS, LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations ARC Hospitality Portfolio II MISC TRS, 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: Julie Johnson Name of Person Crestline Hotels & Resorts Firm/Company 3930 University Drive, Suite 301 Address Fairfax, VA 22030 City/State and Zip Code julie.johnson@crestlinehotels.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julie Johnson Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: *** MAILING ADDRESS:---Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, \$25 Filing Fee Certificate of Status 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)

BUSIN	NESS IN FLUKIDA		
SECTION	NI (1-4 must be completed) s on the records of the Florida Department of		
1. Name of limited liability Company as it appears	s on the records of the Florida Department of	۳,	
State: ARC Hospitality Portfoli	io II MISC TRS, LLC	ا مس ا	
Enter new principal office address, if applicable:	3950 University Drive		
(Principal office address	Suite 301		
MUST BE A STREET ADDRESS)	Fairfax, VA 22030		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3950 University Drive		
	Suite 301		
	Fairfax, VA 22030		
2. The Florida document number of this limited lia	ability company is: M1400006902		
3. Jurisdiction of its organization: Delaware	e		
4. Date authorized to do business in Florida: 9/2	- T/LU T		
SECTION II (5-9 complete only the applicable of 5. New name of the limited liability company:	changes) HIT Portfolio II MISC TRS, LLC st contain "Limited Liability Company, " "L.L.C.," or "LLC.")		
(mus	st contain "Limited Liability Company," "L.L.C.," or "LLC.")		
	d for the purpose of transacting business in Florida and attach a maging 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, <u>enter the name of the new</u> ddress here:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida Street Address		
·	, Florida City Zip Code		
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	egistered Agent: ent and agree to act in this capacity. I further agree to comply with eand complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited		

If Changing Registered Agent, Signature of New Registered Agent

liability company has been notified in writing of this change.

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: 20/7 APR 6 8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that changes in a secondary of the secondar				
Γitle/ Capacity	<u>Name</u>	Address	Type of Action	
Member	ARC Hospitality Portfolio II TRS Holdco, LLC	106 York Rd	Add	
		Jenkintown, PA 19	9046 Remov	
Member HIT Portfolio II TRS Holdco, LLC	HIT Portfolio II TRS Holdco, LLC	3950 University Drive, Sui	te 301 ■Add	
	Fairfax, VA 22	030 Remov		
· · · · · · · · · · · · · · · · · · ·			MbA∏	
<u>.</u>		Remove		
		Add		
		Remove		
			Add	
		·	Remove	

Signature of the authorized representative

Paul C. Hughes, Authorized Signatory

Typed or printed name of signee

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 THAT THE SAID "ARC HOSPITALITY PORTFOLIO II MISC TRS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "HIT PORTFOLIO II MISC TRS, LLC" ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2017, AT 12:01 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.

Authentication: 202333698

Date: 04-06-17

5602002 8320 SR# 20172304930