

M140000027317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

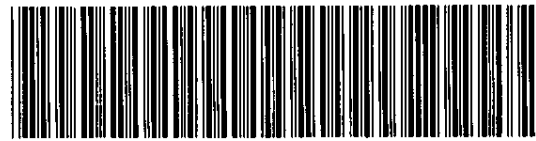
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 FEB - 5 AM 11:00
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
15 FEB - 6 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 06 2015
S. YOUNG

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 490948 7490443

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 5, 2015

ORDER TIME : 9:34 AM

ORDER NO. : 490948-015

CUSTOMER NO: 7490443

FOREIGN FILINGS

NAME: IHP WEST PALM BEACH (FL)
OWNER, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

FILED
15 FEB -6 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IHP WEST PALM BEACH (FL) OWNER, 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:

Carol A. Mayers

Name of Person

NorthStar Asset Management Group Inc.

Firm/Company

399 Park Avenue, 18th Floor

Address

New York, NY 10022

City/State and Zip Code

cmayers@nsamgroup.com

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

For further information concerning this matter, please call:

_____ at (212) 547-2600
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

FILED
15 FEB -6 PM 12:08
SECRETARY OF STATE
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: IHP WEST PALM BEACH (FL) OWNER, LLC
2. The Florida document number of this limited liability company is: M14000007317
3. Jurisdiction of its organization: DELAWARE
4. Date authorized to do business in Florida: OCTOBER 9, 2014

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

5. New name of the limited liability company: _____

(must contain "Limited Liability Company," "LLC," or "ELLC")

(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.

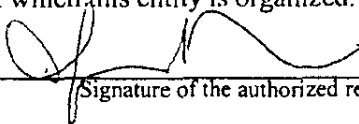
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Signatory	<u>Eric Kentoff</u>	<u>c/o Chatham Lodging Trust</u> <u>50 Cocoanut Row, Suite 211</u> <u>Palm Beach, FL 33480</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Authorized Signatory	<u>Laura Benner</u>	<u>399 Park Avenue, 18th Floor</u> <u>New York, NY 10022</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Authorized Signatory	<u>Jenny B. Neslin</u>	<u>399 Park Avenue, 18th Floor</u> <u>New York, NY 10022</u>	<input type="checkbox"/> Add <input checked="" 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.

X 

Signature of the authorized representative

Jenny B. Neslin

Typed or printed name of signee

Filing Fee: \$25.00

FILED
5 FEB -6 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA