

M14000007323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

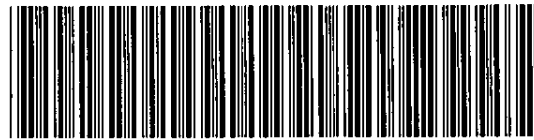
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900268691579

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
15 FEB -5 AM 10:59  
NOT PRESENTED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
15 FEB -5 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Burch FEB - 5 2015

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

ACCOUNT NO. : I20000000195  
REFERENCE : 490948 7490443  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$25.00

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ORDER DATE : February 5, 2015  
ORDER TIME : 9:33 AM  
ORDER NO. : 490948-010  
CUSTOMER NO: 7490443

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FOREIGN FILINGS

NAME: IHP TAMPA (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: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IHP TAMPA (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 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:

\_\_\_\_\_  
Name of Person

at ( 212 ) 547-2600  
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: IHP TAMPA (FL) OWNER, LLC

2. The Florida document number of this limited liability company is: M14000007323

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," "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:

\_\_\_\_\_

15 FEB -5 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

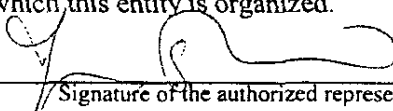
FILED

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

FILED  
15 FEB - 5 PM L: 00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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