

MIS000001016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

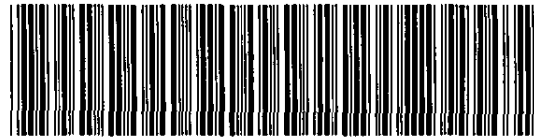
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 FEB 20 PM 4: 31
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 FEB 20 AM 11: 40
CLERK OF STATE
TALLAHASSEE FLORIDA

FEB 23 2015
J. BRUCE

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

ACCOUNT NO. : I20000000195

REFERENCE : 510099 7122203

AUTHORIZATION

Spells DeMar

COST LIMIT : \$ 25.00

ORDER DATE : February 20, 2015

ORDER TIME : 2:15 PM

ORDER NO. : 510099-005

CUSTOMER NO: 7122203

FOREIGN FILINGS

NAME: HARBORSIDE LESSEE, 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# 62974

EXAMINER: _____

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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: Harborside Lessee, LLC

2. The Florida document number of this limited liability company is: M15000001016

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: February 6, 2015

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

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," 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:

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TALLAHASSEE
FLORIDA

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

Manager	<u>Ian M. Gaum</u>	<u>7550 Wisconsin Ave, 10th Floor</u>	<input checked="" type="checkbox"/> Add
		<u>Bethesda, Maryland 20814</u>	<input type="checkbox"/> Remove

Manager	<u>Robert K. Hagan</u>	<u>200 East Randolph, 43rd Floor</u>	<input checked="" type="checkbox"/> Add
		<u>Chicago, Illinois 60601</u>	<input type="checkbox"/> Remove

MM	<u>LaSalle Hotel Lessee, Inc.</u>	<u>7550 Wisconsin Ave, 10th Floor</u>	<input type="checkbox"/> Add
		<u>Bethesda, Maryland 20814</u>	<input checked="" type="checkbox"/> Remove

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

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 CLERK OF STATE
 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.

Robert K. Hagan
 Signature of the authorized representative

Robert K. Hagan
 Typed or printed name of signer

Filing Fee: \$25.00