

M1500000116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

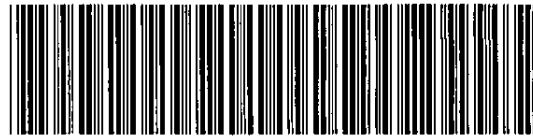
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
17 APR - 7 AM 4:44
TALLAHASSEE, FLORIDA

RECEIVED
2017 APR - 7 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 10 2017

Y SULKER

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

ACCOUNT NO. : I20000000195

REFERENCE : 578718 7580356

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : March 31, 2017

ORDER TIME : 1:01 PM

ORDER NO. : 578718-005

CUSTOMER NO: 7580356

FOREIGN FILINGS

NAME: ARC HOSPITALITY PORTFOLIO II
NTC TRS GP, 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: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARC Hospitality Portfolio II NTC TRS GP, 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

at (571) 529-6141

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: ARC Hospitality Portfolio II NTC TRS GP, LLC

Enter new principal office address, if applicable: 3950 University Drive

(Principal office address

MUST BE A STREET ADDRESS)

Suite 301

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 liability company is: M15000001116

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 2/11/2015

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

5. New name of the limited liability company: HIT Portfolio II NTC TRS GP, 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>
Member	ARC Hospitality Portfolio II TRS Holdco, LLC	106 York Rd	<input type="checkbox"/> Add
		Jenkintown, PA 19046	<input checked="" type="checkbox"/> Remove
Member	HIT Portfolio II TRS Holdco, LLC	3950 University Drive, Suite 301	<input checked="" type="checkbox"/> Add
		Fairfax, VA 22030	<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.

Paul C. Hughes

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 NTC TRS GP, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "HIT PORTFOLIO II NTC TRS GP, 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.



5597181 8320
SR# 20172305065

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202333739

Date: 04-06-17