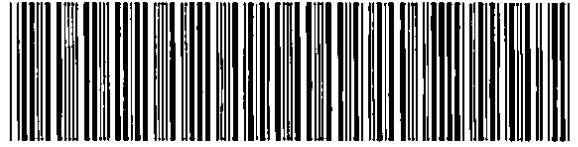


MIS000004972



600323956616

FILED
2019 FEB 19 A 10:42
FALL RIVER, MASSACHUSETTS

19 FEB 19 PM 4:09

(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

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

ACCOUNT NO. : I20000000195
REFERENCE : 637931 7481856
AUTHORIZATION : *[Signature]*
COST LIMIT : \$25.00

ORDER DATE : February 19, 2019
ORDER TIME : 3:04 PM
ORDER NO. : 637931-005
CUSTOMER NO: 7481856

FILED
2019 FEB 19 A 10 42
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: SB HOTEL OWNER GP, L.L.C.

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: Emily Croft -- EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SB Hotel Owner GP, L.L.C.
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:

Melissa Durbin
Name of Person

Host Hotels & Resorts, Inc.
Firm/Company

6903 Rockledge Drive, Ste. 1500
Address

Bethesda, Maryland 20817
City/State and Zip Code

Ronald.Clarke@hosthotels.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Durbin at (240) 744-5163
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
 2019 FEB 19 10 42
 REGISTRATION SECTION

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: SB Hotel Owner GP, L.L.C.

Enter new principal office address, if applicable: 6903 Rockledge Drive, Ste. 1500

(Principal office address
MUST BE A STREET ADDRESS)

Bethesda, Maryland 20817

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

6903 Rockledge Drive, Ste. 1500

Bethesda, Maryland 20817

2. The Florida document number of this limited liability company is: M15000004972

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: June 24, 2015

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: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee, Florida 32301

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.

Emily Croft

Asst. Vice President

If Changing Registered Agent, Signature of New Registered Agent

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2015 FEB 19 10:42

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>
Manager	Robert P Geimer	591 W Putnam Avenue	<input type="checkbox"/> Add
		Greenwich, CT 06830	<input checked="" type="checkbox"/> Remove
Manager Via Fax	Brian G. Macnamara	6903 Rockledge Drive, Ste. 1500	<input checked="" type="checkbox"/> Add
		Bethesda, MD 20817	<input type="checkbox"/> Remove
Manager Team	Gee Lingberg	6903 Rockledge Drive, Ste. 1500	<input checked="" type="checkbox"/> Add
		Bethesda, MD 20817	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 FEB 1 2017
 MARYLAND

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.

Brian G. Macnamara
 Signature of the authorized representative

Brian G. Macnamara, Manager

Typed or printed name of signee

Filing Fee: \$25.00