

# MIS000004972

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

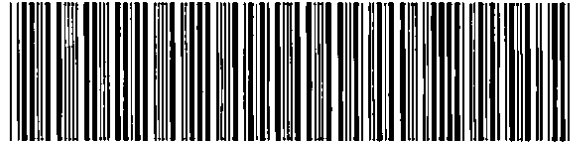
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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FILED  
2019 FEB 19 A 10 42  
FALLS CHURCH, VA

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19 FEB 19 PM 4:09

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

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2019 FEB 19 A 10 42

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 A 10:42  
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: 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

*City*

Florida 32301

*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

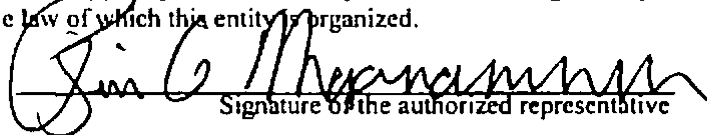
If Changing Registered Agent, Signature of New Registered Agent

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, Vice Pres     | Brian G. Macnamara | 6903 Rockledge Drive, Ste. 1500 | <input checked="" type="checkbox"/> Add    |
|                        |                    | Bethesda, MD 20817              | <input type="checkbox"/> Remove            |
| Manager, Treas         | 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            |

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.

  
Signature of the authorized representative

Brian G. Macnamara, Manager

Typed or printed name of signee

Filing Fee: \$25.00