

116000000473

(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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DEPARTMENT OF STATE
18 JAN 25 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


FILED
2018 JAN 25 A 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2018

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

ACCOUNT NO. : I20000000195

REFERENCE : 981832 7123801

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : December 26, 2017

ORDER TIME : 9:16 AM

ORDER NO. : 981832-130

CUSTOMER NO: 7123801

FOREIGN FILINGS

NAME: HOST TBL TPA FB, 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: Roxanne Turner -- EXT# 62969

EXAMINER: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JAN 25 A 10:01

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Host TBL TPA FB, 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:

Philip Fletcher

Name of Person

HMSHost

Firm/Company

6905 Rockledge Drive,

Address

Bethesda, Maryland 20817

City/State and Zip Code

philip.fletcher@hmshost.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip Fletcher

Name of Person

at (240) 694-4250

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

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2010 JAN 25 A 10:01
SECRETARY OF STATE
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: Host TBL TPA FB, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000000473

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: January 19, 2016

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

5. New name of the limited liability company: HSI TBL TPA FB, 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

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TALLAHASSEE, FLORIDA

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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:

Host International, Inc. is no longer the Managing Member but is now an Operations Member

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Managing Member	Host Services, Inc.	HMSHost, 6905 Rockledge Drive, Bethesda, Maryland 20817	<input checked="" type="checkbox"/> Add
			<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
			<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.

Jeffrey L. Poersch
Signature of the authorized representative

Jeffrey L. Poersch, Assistant Secretary of Managing Member Host Services, Inc.

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 THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "HOST TBL TPA FB, LLC", CHANGING ITS NAME FROM "HOST TBL TPA FB, LLC" TO "HSI TBL TPA FB, LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 2017, AT 6:17 O'CLOCK P.M.

FILED
2018 JAN 25 A 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

5936740 8100
SR# 20177777092

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

Authentication: 201902499
Date: 01-02-18

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Host TBL TPA FB, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

First: The name of the Limited Liability Company:
HSI TBL TPA FB, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 26th day of December, A.D. 2017.

By: Jeffrey L. Poersch
Authorized Person(s)
Jeffrey L. Poersch, Assistant Secretary of
Host Services, Inc., Managing Member of
Name: HSI TBL TPA FB, LLC

Print or Type

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TALLAHASSEE, FLORIDA