

M1600000 7855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

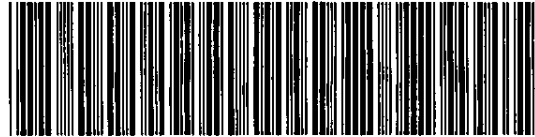
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
16 NOV -4 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 07 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WoodSpring Suites Deerfield Beach FL 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:

Leslie Fowler

Name of Person

WoodSpring Hotels

Firm/Company

8621 E 21st Street N, Ste. 200

Address

Wichita, KS 67206

City/State and Zip Code

kpickens@woodspring.com

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

For further information concerning this matter, please call:

Leslie Fowler

Name of Person

at (316) 631-1369

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2016

LESLIE FOWLER
8621 E 21ST ST N STE 200
WICHITA, KS 67206

SUBJECT: WOODSPRING SUITES DEERFIELD BEACH FL LLC
Ref. Number: M16000007855

We have received your document for WOODSPRING SUITES DEERFIELD BEACH FL LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 216A00023134

**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: WoodSpring Suites Deerfield Beach FL 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: M16000007855

3. Jurisdiction of its organization: Kansas

4. Date authorized to do business in Florida: September 30, 2016

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

5. New name of the limited liability company: WoodSpring Suites Deerfield Beach 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 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>
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_____	_____	_____	<input type="checkbox"/> Add
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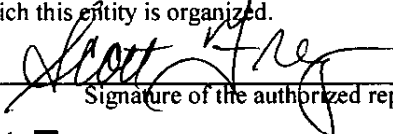
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Scott Frey

Typed or printed name of signee

Filing Fee: \$25.00

FILED
16 NOV - 8 PM 2:38
CLERK OF CIRCUIT COURT
JASSEE, FLORIDA

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify,
that according to the records of this office.

Business Entity ID Number: 8111908

Entity Name: WOODSPRING SUITES DEERFIELD BEACH LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: KAREN PICKENS

Registered Office: 8621 E 21st Street North Suite 250, WICHITA, KS 67206

was filed in this office on November 05, 2015, and is in good standing, having fully
complied with all requirements of this office.

No information is available from this office regarding the financial condition,
business activity or practices of this entity.



In testimony whereof I execute this certificate and
affix the seal of the Secretary of State of the state
of Kansas on this day of October 19, 2016

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 864806 - To verify the validity of this certificate please visit
<https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

Office of the Kansas Secretary of State

Name Change Amendment

Electronic File Stamp Information:

Filed

- Date: 10/17/2016
- Time: 16:15

1. Old Business Entity Name: **WOODSPRING SUITES DEERFIELD BEACH FL LLC**
2. Business Entity I.D. Number: **8111908**

The name of the business entity has been amended:

New Business Entity Name: **WoodSpring Suites Deerfield Beach LLC**

"I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct."

Executed on the 17 of October , 2016 .

Scott Frey
Authorized Person



I, Kris W. Kobach, Secretary of State of Kansas, do hereby certify that this is the true and correct copy of the original document filed electronically on 17 of October , 2016.

Kris W. Kobach

To validate the authenticity of this electronically certified document please visit,
<https://www.kansas.gov/sos-namechange/validate.do>. Enter the following authentication code: 99652

KRIS W. KOBACH
Secretary of State



STATE OF KANSAS

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594
(785) 296-4564

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[Go Back](#)

10/17/2016

RE: WoodSpring Suites Deerfield Beach LLC

Business Entity I.D. Number: 8111908

A Name Change amendment was filed electronically for the above referenced business entity in the Business Services Division of the Kansas Secretary of State's office on 10/17/2016.

Sincerely,

Business Services Division
Office of the Kansas Secretary of State