M16000008970

(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:

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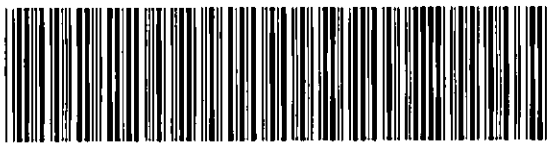

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866.625.0838
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Account#: I20000000088

Date: **4/5/2018**

Name: **Chris Vick**

Reference #: **B098587**

Entity Name: **NATIONWIDE HOTEL MANAGEMENT COMPANY, LLC**

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☑ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitous Name
- ☐ Other _____

Authorized Amount: $25

Signature: _____

CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
800.221.0102
+1.212.947.7200

EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY 9801071
6 BEVIS MARKS, 7TH FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12TH FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803

COGENCYGLOBAL

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TALLAHASSEE, FL 32301
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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 HOTELS PROPERTY MANAGEMENT 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: M16000008970

3. Jurisdiction of its organization: KS

4. Date authorized to do business in Florida: 11/7/2016

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

5. New name of the limited liability company: NATIONWIDE HOTEL MANAGEMENT COMPANY, 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:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ 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.

Scott Frey
_____
Signature of the authorized representative

Scott Frey
_____
Typed or printed name of signee

Filing Fee: $25.00

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE

I, KRIS W. KOBACH, Kansas Secretary of State, certify that the records of this office reveal the following:

That WOODSPRING HOTELS PROPERTY MANAGEMENT LLC is a regularly and properly organized limited liability company under the laws of the state of Kansas, having been incorporated in Kansas on the 15th day of December, A.D., 2003.

I FURTHER CERTIFY that restated articles of organization were filed in this office February 09, 2018 and therefore changing the company name from WOODSPRING HOTELS PROPERTY MANAGEMENT LLC to NATIONWIDE HOTEL MANAGEMENT COMPANY, LLC.

I DO FURTHER CERTIFY that NATIONWIDE HOTEL MANAGEMENT COMPANY, LLC is in good standing having fully complied with all requirements of this office.

In testimony whereof:
I hereto set my hand and cause
to be affixed my official seal.
Done at the City of Topeka,
this 3rd day of April, A.D., 2018.

Kris W. Kobach

KRIS W. KOBACH
KANSAS SECRETARY OF STATE