

116000010054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

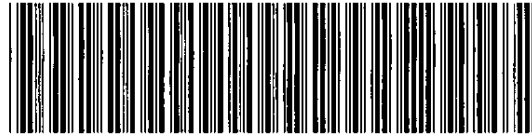
(Business Entity Name)

(Document Number)

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

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Office Use Only



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2017 JUN -8 A 9:55  
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TALLAHASSEE, FLORIDA

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2017 JUN -8 PM 2:06  
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TALLAHASSEE, FLORIDA

D. BRUCE  
JUN 13 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2017

CSC  
MELISSA ZENDER

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: HHR BEACH HOUSE LLC  
Ref. Number: M16000010054

We have received your document for HHR BEACH HOUSE LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

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.

Deborah Bruce  
Regulatory Specialist III

Letter Number: 317A0001

2017 JUN -9 A 4 55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2017 JUN 12 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

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

ACCOUNT NO. : I20000000195

REFERENCE : 675386 7481856

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : June 8, 2017

ORDER TIME : 1:12 PM

ORDER NO. : 675386-005

CUSTOMER NO: 7481856

FOREIGN FILINGS

NAME: HHR BEACH HOUSE 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: Melissa Zender -- EXT#

EXAMINER: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HHR Beach House 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:

Melissa A. Durbin

Name of Person

Host Hotels & Resorts, Inc.

Firm/Company

6903 Rockledge Drive, Suite 1500

Address

Bethesda, MD 20817-1862

City/State and Zip Code

melissa.durbin@hosthotels.com

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

For further information concerning this matter, please call:

Melissa A. 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

2017 JUN -8 A 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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: HHR Beach House LLC

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

Suite 1500

(Principal office address

MUST BE A STREET ADDRESS)

Bethesda, MD 20817-1862

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

6903 Rockledge Drive

Suite 1500

Bethesda, MD 20817-1862

2. The Florida document number of this limited liability company is: M16000010054

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 14, 2016

**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

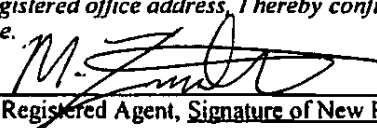
32301

*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.*



Melissa Zender

Asst. Vice President

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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>
Member	Host Hotels & Resorts, L.P.	6903 Rockledge Drive, Suite 1500, Bethesda, MD 20817	<input checked="" type="checkbox"/> Add
		National Safe Harbor Exchanges	<input checked="" type="checkbox"/> Remove
Manager	Gregory J. Larson	6903 Rockledge Drive, Suite 1500, Bethesda, MD 20817-1882	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Manager	Nathan S. Tyrrell	6903 Rockledge Drive, Suite 1500, Bethesda, MD 20817-1882	<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

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

Gregory J. Larson  
Typed or printed name of signee

Filing Fee: \$25.00

2017 JUN - 8 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
☐ Add  
☐ Remove  
☐ Add  
☐ Remove

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