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SECRETARY OF STATE TALLAHASSEC, FLORIDA

FILED

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15,14

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

ACCOUNT NO. : I2000000195 REFERENCE: 567784 AUTHORIZATION COST LIMIT ORDER DATE : January 4, 2019 ORDER TIME : 11:22 AM ORDER NO. : 567784-010 CUSTOMER NO: 7357072 FOREIGN FILINGS NAME: EXPEDITE HOSPITALITY, LLC \_\_ CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Expedite Hospitality,	LLC
Name of Foreign L	imited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are	submitted for filing.
Please return all correspondence concerning this in	natter to the following:
Landey Strongin, Esq.	
Name of Person	<del></del>
Tarter Krinsky & Drogin LLP	
Firm/Company	<del></del>
1350 BROADWAY - 11TH FL	_OOR
Address	
New York, New York 10018	
City/State and Zip Code	<del></del>
LSTRONGIN@TARTERKRINSK	Y.COM
E-mail address: (to be used for future annual rep	port notification)
For further information are accounted to the second	
For further information concerning this matter, ple Landey Strongin, Esq.	
at	(212 ) 216-1177
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:  \$\sum \\$25 \text{Filing Fee} \sum \\$30 \text{Filing Fee & Certificate of Status}	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy
CR2E055 (9/15)	

#### 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 of	on the records of the Florida Department of
State: Expedite Hospitality, 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 liab	ility company is: M18000011515
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: Dec	ember 20, 2018
SECTION II (5-9 complete only the applicable ch	nanges)
5. New name of the limited liability company: Sir	mple Hospitality, LLC
(must o	contain "Limited Liability Company," "L.L.C.," or "LLC.")
copy of the written consent of the managers or mana must contain "Limited Liability Company," "L.L.C."	officer address on our records, enter the purpose of the
Name of New Registered Agent;	T A
New Registered Office Address:	<i></i>
	Enter Florida Street Address 25 49
<del></del> -	City Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:
I hereby accent the appointment or registered agent	t and name to ant by this named to I fourther amount to a set by the

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.

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	
			Remove	
			∏Add	
		<del></del>	Remove	
		Remove		
			AH AH THE MAN ALL	
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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.

# /s/ Landey Strongin Signature of the authorized representative

## Landey Strongin

Typed or printed name of signee

Filing Fee: \$25.00

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'EXPEDITE HOSPITALITY,

LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

'SIMPLE HOSPITALITY, LLC' ON THE FOURTH DAY OF JANUARY, A.D.

2019, AT 8:09 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 202019417

Date: 01-04-19

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