

M20000001239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

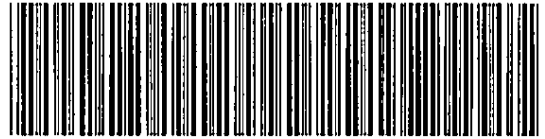
(Business Entity Name)

(Document Number)

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

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FILED  
OCT 24 2022  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

R. HUNT

10/24/22

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TIGER HOTEL TERM TRS SUB 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:

R. MERCHANT-LEWIS

Name of Person

TIGER HOTEL TERM TRS SUB LLC

Firm/Company

11525 N COMMUNITY HOUSE RD

Address

CHARLOTTE, NC 28277

City/State and Zip Code

LICENSES@ESA.COM

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

For further information concerning this matter, please call:

R. MERCHANT-LEWIS

at ( 980 ) 3455072

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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

**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: BSREP II WS HOTEL TERM TRS SUB LLC

Enter new principal office address, if applicable: 11525 N COMMUNITY HOUSE RD

(Principal office address

MUST BE A STREET ADDRESS)

SUITE 100

CHARLOTTE, NC 28277

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

11525 N COMMUNITY HOUSE RD

SUITE 100

CHARLOTTE, NC 28277

2. The Florida document number of this limited liability company is: M20000001239

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 1/29/2020

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

5. New name of the limited liability company: TIGER HOTEL TERM TRS SUB LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

TIGER HOTEL TERM TRS SUB L.L.C.

(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.*

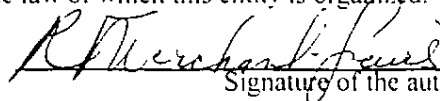
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	GREG JUCEAM	PO BOX 49550	<input checked="" type="checkbox"/> Add
		CHARLOTTE, NC 28277	<input type="checkbox"/> Remove
CFO	DAVID CLARKSON	PO BOX 49550	<input checked="" type="checkbox"/> Add
		CHARLOTTE, NC 28277	<input type="checkbox"/> Remove
VP/SEC	CHRISTOPHER DEKLE	PO BOX 49550	<input checked="" type="checkbox"/> Add
		CHARLOTTE, NC 28277	<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

R. MERCHANT-LEWIS

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 "TIGER HOTEL TERM TRS SUB LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TIGER HOTEL TERM TRS SUB LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2022 FEB 24 AM 3:59  
CLERK OF STATE  
ALLAH SEE FL



7805433 8300

SR# 20230691473

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202784264

Date: 02-24-23