

# M21000015024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

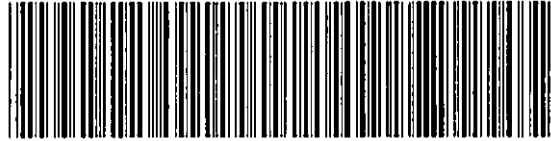
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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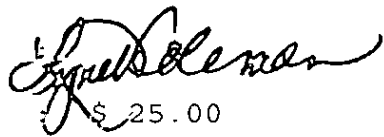
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 070753 4809148

AUTHORIZATION

COST LIMIT : \$25.00



ORDER DATE : October 21, 2022

ORDER TIME : 9:11 AM

ORDER NO. : 070753-005

CUSTOMER NO: 4809148

FOREIGN FILINGS

NAME: SIGNIA HOTEL MANAGEMENT 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: Alexxis Weiland -- EXT#

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Signia Hotel Management 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:

Abigail Byrd

\_\_\_\_\_  
Name of Person

Hilton

\_\_\_\_\_  
Firm/Company

7930 Jones Branch Drive

\_\_\_\_\_  
Address

McLean, VA 22102

\_\_\_\_\_  
City/State and Zip Code

abigail.sachs@hilton.com

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

For further information concerning this matter, please call:

Abigail Byrd

at ( 703 ) 883-5732

\_\_\_\_\_  
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: Signia Hotel 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: M21000015024

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: November 10, 2021

**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: \_\_\_\_\_

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>
Pres.	Daniel Hughes	7930 Jones Branch Drive	<input checked="" type="checkbox"/> Add
		McLean, VA 22102	<input type="checkbox"/> Remove
VP	Keith Clampet	7930 Jones Branch Drive	<input checked="" type="checkbox"/> Add
		McLean, VA 22102	<input type="checkbox"/> Remove
Asst. Sec.	Keith Clampet	7930 Jones Branch Drive	<input checked="" type="checkbox"/> Add
		McLean, VA 22102	<input type="checkbox"/> Remove
Asst. Tre.	Keith Clampet	7930 Jones Branch Drive	<input checked="" type="checkbox"/> Add
		McLean, VA 22102	<input type="checkbox"/> Remove
SVP	W. Steven Standefer	7930 Jones Branch Drive	<input checked="" type="checkbox"/> Add
		McLean, VA 22102	<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.

DocuSigned by:

Abigail Byrd

A2EAGF7C4B6A464

Signature of the authorized representative

Abigail Byrd

Typed or printed name of signer

Filing Fee: \$25.00

FILED  
2022 OCT 24 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FL