Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations : (850) 617-6383 Fax Number From: Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889 Fax Number **Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please. Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ILPA CONCESSIONS LLC Certificate of Status 0 Certified Copy 1 05 Page Count \$55.00 Estimated Charge

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J. SAULSBERRY EXAMINER OCT 11 2012

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: ILPA CO	ONCESSIONS LLC			
	(Name of Lim	ited Liability Company)		
	Amendment and fee(s) are sub ondence concerning this matter			
	Barbara Dang			
		(Name of Person)	1 1 1 1 1 1 1 1 1 1	
	Legalzoom.com, Inc	•	2812 OCT 10	- Y
		(Firm/Company)	ARY SSE	
	100 W. Broadway S	uite 100		FT
		(Address)	OF STATE	
	Glendale, CA 91210		3	
		(City/State and Zip Code)		
For further information	concerning this matter, please o	ali:		
Barbara Dang		at (323) 962-8600		
(Name	of Person)	(Area Code & Daytime	Telephone Number)	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ZBIZ OCT 10 SECRITAR
ma z m
SE S
and assigned
signation "LLC" or the abbreviation
ds, enter the name of the new
In annual additional
la street address)
2

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 608, 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)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>litte</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
,			Add Remove
			Add Remove
	<u> </u>		Add
), Ifan	nending any other information, enter change	(s) here: (Attach additional sheets, if necessary,	2012 OCT 10
	Article II. The street address and mail	ling address of the LLC shall be:	
	2344 Sabastian St., Mount Dora, Flor	ida 32757	TIO AM
	Article V. The address of the managir	ng members BRIAN SUSA and	जिल्ले 🚾 🔃
	THOMAS R HARRIS shall be:		SE SP U
	2344 Sabastian St., Mount Dora, Flor		3
Dated	/0-4-/2 , 2012	<u></u> •	
	Brun Lusa Signature of a member	or authorized representative of a member	
	SHALL SUSA, IIIAHAVINU RIGINUSI		
	Typed	or printed name of signee	

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Filing Fee: \$25.00