

MO40000002537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

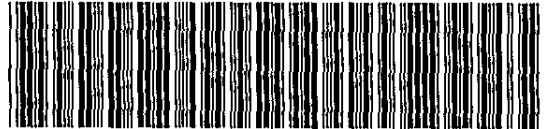
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800039108358

FILED  
04 JUL 19 PM 4:33  
SILVER SPRING, MD  
TALLAHASSEE, FLORIDA

FILED  
04 JUL 19 PM 2:37  
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 808996 4816118

AUTHORIZATION :

COST LIMIT :

*Patricia Pigato*

FILED  
04 JUL 19 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : July 16, 2004

ORDER TIME : 1:18 PM

ORDER NO. : 808996-005

CUSTOMER NO: 4816118

CUSTOMER: Leyla Gungor  
Hogan & Hartson L.l.p.  
Suite C-310  
555 13th Street, Nw  
Washington, DC 20004-1109

FOREIGN FILINGS

NAME: CP PINES LAZA, LLC

XX\_\_\_ PROFIT

\_\_\_ NON-PROFIT

\_\_\_XX\_\_\_ CORPORATE

\_\_\_ LIMITED PARTNERSHIP

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY

XX\_\_\_ PLAIN STAMPED COPY

\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

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

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO  
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

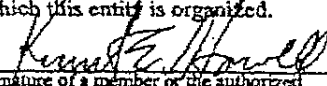
FILED  
04 JUL 19 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: EP Pines Plaza, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: June 28, 2004

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? \_\_\_\_\_
5. New name of the limited liability company: CS Pines Plaza, LLC
6. If the amendment changes the period of duration, indicate new period of duration: n/a
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: n/a
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: n/a
9. Attached is an original certificate, 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 a member or the authorized representative of a member

Kenneth E. Howell

Typed or printed name of signer

Filing Fee: \$25.00

# Delaware

PAGE 1

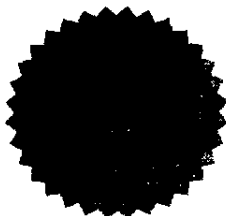
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CP PINES PLAZA, LLC", FILED A CERTIFICATE OF CORRECTION, CHANGING ITS NAME TO "CS PINES PLAZA, LLC", THE FIRST DAY OF JULY, A.D. 2004, AT 5:54 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CP PINES PLAZA, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2004.

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 DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



3820292 8320

040524551

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3239088

DATE: 07-16-04