

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:				
-5.	Division of C	proprations		
	Fax Number	: (850)617-6383		
From:			*	
	Account Name	: C T CORPORATION SYSTEM	ر مُشَرِ	ರ
	Account Numbe	r : FCA000000023		_
	Phone	(850)222-1092		NOV 3
	Fax Number	: (850)878-5368		==**
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CVS 3114 FL, L.L.C.



Certificate of Status	1
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Estimated Charge	\$30.00

D. BRUCE

DEC 1 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

	istration Section Islon of Corporations					
SUBJECT:	cv	S 3114 FL, L.L.C.				
		n Limited Liability	Company	ı		
Dear Sir or	Madam:					
The enclose	ed application, certificate and fee(s)	are submitted for f	iling.			
Please retur	n all correspondence concerning thi	s matter to the follo	owing;			
	Melanie K. Luker					
	Name of Person					
	CVS/Caremark Corporation					
	Firm/Company					
	One CVS Drive, Attention: Legal Dep)}		13 C -	<u></u>	
	Address				0 40	** # * * * * * * * * * * * * * * * * *
	Woonsocket RI 02895			SSE	10 NOV 30	THE TELE
	City/State and Zip Code	,		in di		
	mkluker@cvs.com			STATE FLORIDA	<u> </u>	
E-mail ac	idress: (to be used for future annual	report notification			84	
For further i	information concerning this matter,	please call:				
	Melanie K. Luker	at (401)	770-3565			
	Name of Person	Area Code & I	Daytime Telephone Number			
Reg Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	3 1 3	AAILING ADDRESS: Registration Section Division of Corporations O. Box 6327 Callahassec, Florida 32314			
Enclosed is 325 Filin	a check for the following amount g Fee \$30 Filing Fee & Certificate of Status	: S55 Filing Fe Certified Cop		us &		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN 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: CVS 3114 FL, L.L.C.		
2.	Jurisdiction of its organization: Delaware		
3.	Date authorized to do business in Florida: July 3, 2006		
	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? November 23, 2010		
5.	New name of the limited liability company: SCP 2010-C36-005 LLC . (must end with "Limited Liability Company," "L.L.C.," or "LLC.")		
F)	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting a alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "L.C." "L.C."	10 KOV 30	•
6.	If the amendment changes the period of duration, indicate new period of duration: N/A N/A	30 AH	Î
	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	84:48	V.
8.	If the amendment corrects any fulse statement, indicate the statement being corrected and the correction: N/A	nē	
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 jurisd under the law of which this entity is organized. Signature of a member or the authorized representative of a member Melanie K. Luker, Authorized Person Typed or printed name of signee	iction	

Filing Fee: \$25.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CVS 3114 FL, L.L.C.", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "SCP 2010-C36-005 LLC", THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2010, AT 5:44 O'CLOCK P.M.

DATE: 11-29-10