

M060000006926Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H09000246194 3)))



H090002461943ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-536809 NOV 23 AM 8:53
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: htyson@hmlawyers.com

RECEIVED

09 NOV 23 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDALLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CVS 4155 FL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

J. BRYAN

NOV 24 2009

EXAMINER

**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
State: CVS 4155 FL, L.L.C.

2. Jurisdiction of its organization: DELAWARE

3. Date authorized to do business in Florida: DECEMBER 13, 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 13, 2009

5. New name of the limited liability company: SCP 2009-C34-504 LLC
(must end with "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 end with "Limited Liability Company," "L.L.C."
or "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

Melanie K. Luker, Asst. Sec. Big B Drugs, Inc. (Member)

Typed or printed name of signer

Filing Fee: \$25.00

FILED
09 NOV 23 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CVS 4155 FL, L.L.C.",
FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "SCP
2009-C34-504 LLC", THE THIRTEENTH DAY OF NOVEMBER, A.D. 2009, AT
6:04 O'CLOCK P.M.

FILED

09 NOV 23 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4258440 8320

091018229

You may verify this certificate online
at corp.delaware.gov/authwar.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7642307

DATE: 11-16-09