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,

(((H10000224727 3)))



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

L. SELLERS

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number : (850)878~5368 **EXAMINER**

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

Email Ac

idress:	 	 ····	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SCP 2009-C32-504 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

COVER LETTER

	COV	CKLEIICE				
	rration Section on of Corporations					
SUBJECT:	SCD.	20 09-C 32-504	1110			
SCHWELL:		Limued Liability				
Dear Sir or M	adam:					
The enclosed	application, certificate and fec(s) a	re submitted for fi	ling.			
Please return ;	all correspondence concerning this	matter to the follo	owing:			
	Melanie Luker					
	Name of Person					
	CVS Pharmacy, Inc.					
	Firm/Company					
	One CVS Drive					
	Address					
	\h(aaaaaka+ E) ((2005					
	Woonsocket RI 02895 City/State and Zip Code					
E-mail addi	mkluker@cvs.com less: (to be used for future annual r	eport notification)				
For further in	formation concerning this matter, p	lease call:				
		u (<u>401</u>)	765-1500		·	
	Name of Person	Area Code & I	Daytime Telephone Number			
Regist Divisi Cliftor 2661 I	ET/COURIER ADDRESS: tration Section on of Corporations a Building Executive Center Circle assee, Florida 32301	R E P	AAILING ADDRESS: legistration Section Division of Corporations .O. Box 6327 allahassee, Florida 32314			
Enclosed is a	check for the following amount: Fee \$\int\\$30 \text{Filing Foe & Certificate of Status}\$	S55 Filing Fe		SECHTIARY ST STATE TABLEMASSEE, FLORIDA 3	10 OCT 13 AM 8: 41	

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: SCP 2009-C32-504 LLC
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: April 16, 2007
	SECTION II (4-7 complete only the applicable changes)
	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? May 13, 2010
5.	New name of the limited liability company: CVS 75482 FL, L.L.C. (inust end with "Limited Liability Company." "L.L.C.," or "Ll.C.")
Ì lo the	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 alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")
6.	If the amendment changes the period of duration, indicate new period of duration:
	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
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 numberized representative of a member Melanie K Luker Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PACE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SCP 2009-C32-504 LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CVS 75482 FL, L.L.C.", THE THIRTEENTH DAY OF MAY, A.D. 2010, AT 4:35 O'CLOCK P.M.

4334217 8320

DATE: 10-13-10

AUTHENTICATION: 8285464

100990624
You may verify this certificate online at corp. delawars.gov/authver.shtml