

MUSCUM 03952

Florida Department of State
Division of Corporations
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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) 878-5368

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CVS 304 FL, L.L.C.

Certificate of Status	0
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B. KOHR

JUL 31 2012

EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CVS 304 FL, L.L.C.
Name of Foreign Limited Liability Company

RECEIVED STATE
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Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Shdeed
Name of Person

CT Corporation System
Firm/Company

155 Federal Street, Suite 700
Address

Boston, MA 02110
City/State and Zip Code

jwilliams@fortress.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Shdeed at (617) 531-5829
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

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 304 FL, L.L.C.
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 8/27/2008

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: CFCDS-2 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: _____
7. 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: _____
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 Secretary of Member

Typed or printed name of signer

Filing Fee: \$25.00

PK07 - 02/02/2009 CT System Online

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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 304 FL, L.L.C.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CFCD8-2 LLC", THE TWENTY-FIFTH DAY OF JULY, A.D. 2012, AT 4:15 O'CLOCK P.M.

4591148 8320

120882084

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9741545

DATE: 07-27-12