Division of Corporations Electronic Filing Cover Sheet

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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

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

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CVS 7973 FL, L.L.C.

Certificate of Status	1
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Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

11/30/2010

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ		'S 7973 FL, L.L.C.	
	Name of Foreig	m Limited Liability	Company
Dear	Sir or Madam:		
The e	nclosed application, certificate and fee(s)	are submitted for fi	ling.
Please	return all correspondence concerning th	is matter to the follo	wing:
	Mulanie K. Luker		
	Name of Person		
	CVS/Caremark Corporation		
	Firm/Company		
	One CVS Drive, Attention: Legal De	pt	
	Address		
	Woonsocket RI 02895		
	City/State and Zip Code	:	
	mkluker@cvi.com		
E-n	ail address: (to be used for future annual	report notification)	
For fu	rther information concerning this matter,	please call:	
	Melanie K. Luker	at (401)	770-3565
	Name of Person	Area Code & D	aytime Telephone Number
	STREET/COURIER ADDRESS:	M	IAILING ADDRESS:
Registration Section		Registration Section	
Division of Corporations Division of Corporation			
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Taltahassee, Florida 32314		
	Tallahassee, Florida 32301	11	ananassee, Fiorida 32314
Enclo:	sed is a check for the following amount	:	
	Filing Fee \$\times \text{\$\subseteq \$\text{\$\subseteq \$\text{\$\text{Certificate of Status}}}\$	\$55 Filing Fee Certified Copy	

DIVISION OF CORFERENCE

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 7973 FL, L.L.C.
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: October 14, 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? November 2, 2010
5	New name of the limited liability company: SCP 2010-C36-004 LLC
٠.	(must end with "Limited Limbility Company," "L.L.C.," or "Li.C.")
fl th or	Fname 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 e alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.") 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:
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 Melanic K. Luker, Authorized Person Typed or printed name of signee
	Tabet or butter nome or affine

Filing Fee: \$25.00

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CVS 7973 FL, L.L.C.", FILED A RESTATED CERTIFICATE, CRANGING ITS NAME TO "SCP 2010-C36-004 LLC", THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2010, AT 5:45 O'CLOCK P.M.

4608928 8320

101128546

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

AUTHENITICATION: 8383364

DATE: 11-29-10