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:

Division of Corporations

Fax Number

(850)617-6383

From;

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Phone : (850)222-1092 Fax Number : (850)876-5368

**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 DG ORLANDO FL LLC

RECEIVED 10 NOV 30 PM 12: 15 SECRETARY OF STATE SECRETARY OF STATE

Certificate of Status	1
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DEC - 1 2010

EXAMINER

COVER LETTER

 λ

TO:	Registration Section Division of Corporations				
SUBJ		Orlando FL LL			
	Name of Foreig	n Limited Lia	bility Com	pany	
Dear :	Sir or Madam:				
The e	nclosed application, certificate and fee(s)	are submitted	for filing.		
Please	treturn all correspondence concerning this	s matter to the	following) ,	
	Melanic K. Luker				
	Name of Person				
	CVS/Caremark Corporation				
	Firm/Company				
One CVS Drive, Attention: Legal Dept		<u>, </u>			
	Address				
	Woonsocket RI 02895		_		
	City/State and Zip Code	:			
	mkluker@cvs.com				
E-n	nail address: (to be used for future annual	report notific	ation)		
For fu	arther information concerning this matter,	please call:			
		at (401		770-3565	
	Name of Person	Area Cod	e & Daytin	ne Telephone Number	
	STREET/COURIER ADDRESS: Registration Section			ING ADDRESS:	
	Division of Corporations	Division of Corporations			
	Clifton Building		P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallaha	assee, Florida 32314	
	i atlanassec, Flutjua 32301				
	sed is a check for the following amount	_	C 6	וללו מיבה מינים מי	
	Filing Fee \$\bigcup \$30 Filing Fee & Certificate of Status	□\$55 Filir Certified		⊠ \$60 Filing Fee, Certificate of Status & Certified Conv	

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. l	Name of limited liability company as it appears on the records of the Florida Department of State: DG Orlando FL LLC		
2. ,	Jurisdiction of its organization: Delawate		
3. i	Date authorized to do business in Florida: January 29, 2009	_	
	SECTION II (4-7 complete only the applicable changes)		
4. I	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		
ς .	New name of the limited liability company: SCP 2010-C36-508 LLC		
. , ب	(neast end with "Limited Liability Company." "L.L.C.," or "LLC.	")	
Flothe or '6.	N/A F	SECRETARY OF STATE	10 NOV 30 AN II: 34
- 8.	If the amendment corrects any false statement, indicate the statement being corrected and correction: N/A	>	F
	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 just under the law of which this entity is organized. Melanie K. Luker, Authorized Person Typed or printed name of signee		ion

Filing Fee: \$25.00

Delaware

DACE 7

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "DG ORLANDO FL LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "SCP 2010-C36-508 LLC", THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2010, AT 6:58 O'CLOCK P.M.

4626841 8320

101128535

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

AUTHENTICATION: 8383358

DATE: 11-29-10