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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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALCURT ORLANDO II LLC

Certificate of Status	0
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Page Count	04
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G. MCLEOD

MAR - 7 2011

EXAMINER

COVER LETTER

Registration Section

Division of Corporations SUBJECT: Alcunt Orlando II LLC Name of Foreign Limited Liability Company 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: Stephanie Briggs Name of Person Aspen Square Management, Inc. Firm/Company 380 Union Street, Suite 300 Address West Springfield, MA 01089 City/State and Zip Code Stephanie Briggs@aspensquare.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephanie Briggs Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☐\$55 Filing Fee & \$60 Filing Peo, \$30 Filing Fee & \$25 Filing Fee Certificate of Status & Certificate of Status Certified Copy 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)

2	State: Alourt Orlando II LLC Delaware	
4.	Jurisdiction of its organization: Delaware	
3.	Date authorized to do business in Florida: 06/30/2010	
	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? 02/25/2011	
5.	New name of the limited liability company: Orlando Zone LLC	
	(must end with "Limited Liability Company," "L,L,C,," or "LLC,")	
FI th	f 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 e alternate name. The alternate name must end with "Limited Liability Company," "L.L.C."	
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:	
	If the amendment corrects any false statement, indicate the statement being corrected and the correction: 11/18	
	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. RLANDO ZONE LLC, by Mapsa Manager LLC, its manager, by Mapsa Property Investors, Inc., its manager Signable of a member or the authorized representative of a member Jeffrey M Strole Assistant Vice President Typed or printed name of signee	

Filing Fee: \$25.00

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORLANDO ZONE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

110263385

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

DATE: 03-04-11