

Florida Department of State
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.

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H110000584173ABC.

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 123-4567
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing
date of submission 3/4

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

Email Address: _____

RECEIVED
11 MAR -9 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALCURT JACKSONVILLE LLC

Certificate of Status	0
Certified Copy	0
Page Count	045
Estimated Charge	\$25.00

K. SALY
EXAMINER
MAR 10 2011

M10000003134

850-617-6381

3/7/2011 10:21:18 AM

PAGE

1/001

Fax Server



March 7, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: ALCURT JACKSONVILLE LLC
REF: M10000003134

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The certificate of good standing submitted does not evidence the name change filed in Delaware.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H11000058417
Letter Number: 711A00005478

RECEIVED
11 MAR -9 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alcort Jacksonville 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

at (413)

439-6380

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: Alcort Jacksonville LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 07/15/2010

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: Jacksonville Zone 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:
n/a
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
n/a
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.

JACKSONVILLE ZONE LLC, by Nepes Manager LLC, its manager, by Nepes Property Investors, Inc., its manager

Jeffrey M Strole John Harrelson
Signature of a member or the authorized representative of a member

Jeffrey M Strole
Assistant Vice President

John Harrelson, Assistant Treasurer

Typed or printed name of signer

Filing Fee: \$25.00

FILED
11 MAR -4 AM 8:26
CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ALCORT JACKSONVILLE LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "JACKSONVILLE ZONE LLC", THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2011, AT 11:51 O'CLOCK A.M.

4836272 8320

110276391

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8609904

DATE: 03-08-11