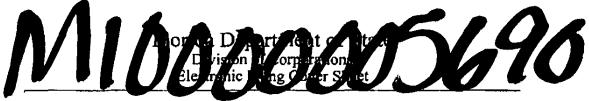
**Division of Corporations** 

Page 1 of 1



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To:

Division of Corporations

Fax Number

: (850)617-6383

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date of submission 4/25

From:

Email Address:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (850)222-1092

Phone 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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JACKSONVILLE VA LLC

Certificate of Status	0
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#### COVER LETTER

TO:

Registration Section Division of Corporations

Jacksonville VA 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:

Michael D. Hamilton

Name of Person

DLA Piper LLP (US

550 S. Hope Street, Suite 2300

Los Angeles, California 90071

City/State and Zip Code

michael.hamilton@dlapiper.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael D. Hamilton

Name of Person

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: Jacksonville VA LLC		
2.	Jurisdiction of its organization: Missouri		
3.	Date authorized to do business in Florida: December 22, 2010		
	SECTION II (4-7 complete only the applicable changes)		
	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:		
È! the	f name unavailable, enter alternate name adopted for the purpose of transacting business in torida 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."		
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:	2013 A	
8.	If the amendment corrects any false statement, indicate the statement being corrected correction:	APR 25 AM	
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforemention amendment(s), duly authenticated by the official having custody of records in the jurisdiction to the law of which this entity is organized.  Signature of a member or the autherized representative of a member	0:51	
	Typed or printed name of signer		

Filing Fee: \$25.00

# Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JACKSONVILLE VA 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 TWENTY-FOURTH DAY OF APRIL, A.D. 2013.

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

5324354 8300

130478619

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

Jeffrey W. Bullock, Secretary of State CATION: 0383495

DATE: 04-24-13