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.

(((H11000020368 3)))



H110000203683ABCV

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To:

Division of Corporations

Fax Number

1 (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: | |
|-------|----------|--|
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MECEIVED
11 JAN 25 AM 11: 44
SECRETARY UF SATE

ELLC AMND/RESTATE/CORRECT OR M/MG RESIGN MELL CREEK RESIDENTIAL TRUST NORTH FLORIDA LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

T. HAMPTON

JAN 2 6 2011

EXAMINER

COVER LETTER

| Division of | of Corporations | | | |
|---------------------|---|------------------------|---------------------|---|
| SUBJECT: | Mill Creak Res | idential Trust North F | lorida Ll | ıc |
| | | ign Limited Liabilit | | |
| Dear Sir or Mada | m: | | | |
| The enclosed app | lication, certificate and fee(s | are submitted for | filing. | |
| Please return all c | orrespondence concerning the | his matter to the fol | lowing: | |
| | Chelsca M. Bone | | | |
| | Name of Person | · . | | |
| | Jones Day | | | |
| , | Firm/Company | _ | | |
| 325 J | ohn H. McConnell Blvd., Suits | 600 | | |
| | Address | | | |
| | Columbus, OH 43215 | | | |
| | City/State and Zip Coo | le | | |
| | arteinhardt@mertrust.com | 3 | | • |
| E-mail address: | (to be used for future annua | l report notification | 1) | |
| For further inform | ation concerning this matter | , pleasé call: | | |
| Ch | elsea M. Bone | at (614) | | 281-3687 |
| Na | ime of Person | Area Code & | Daytim | e Telephone Number |
| STREET/ | COURIER ADDRESS: |] | MATLI | NG ADDRESS: |
| Registration | | | | ition Section |
| | f Corporations | | Divisio: P.O. Bo | of Corporations |
| Clifton Bu | utive Center Circle | | | x 6327 ssee, Florida 32314 |
| | e, Florida 32301 | • | 1 03,0171. | 3000, 1 101101 3231 1 |
| Englosed is a che- | ck for the following amoun | nt: | | |
| \$25 Filing Fee | ☐ \$30 Filing Fee & Certificate of Status | \$55 Filing Fo | | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy |

TO: Registration Section

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. | Jurisdiction of its organization: Delaware |
|-------------|---|
| 3. | Date authorized to do business in Florida: 12/22/2010 |
| | 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? 01/04/2011 |
| | MODEL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | New name of the limited liability company: MCRT North Florida LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC.") |
| N/ | (must end with "Limited Liability Company," "L.L.C.," or "LLC.") |
| N/If | (must end with "Limited Liability Company," "L.L.C.," or "LLC.") |
| N/If | 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 alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.") |
| N/Officials | 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 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: |

Signature of a member or the authorized representative of a member

Mark R. Dempsey, Authorized Person

Typed or printed name of signee

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 "MILL CREEK RESIDENTIAL TRUST NORTH FLORIDA LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MCRT NORTH FLORIDA LLC", THE FOURTH DAY OF JANUARY, A.D. 2011, AT 7:14 O'CLOCK P.M.

4852988 . 8320

110073709

You may verify this certificate online at corp. delewere. gov/suthour. shtml

Jeffrey W. Billock, Secretary of State
AUTHENTYCATION: 8514735

DATE: 01-24-11