

M12000002614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

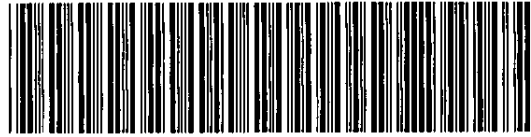
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 FEB 11 PM 4:18
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE & BUSINESS SERVICES
2014 FEB 11 AM 9:52
TALLAHASSEE, FLORIDA

J. Stivers FEB 12 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 010056 4328604

AUTHORIZATION

Spiegelman

COST LIMIT : \$ 25.00

ORDER DATE : February 10, 2014

ORDER TIME : 4:03 PM

ORDER NO. : 010056-010

CUSTOMER NO: 4328604

FOREIGN FILINGS

NAME: INLAND DIVERSIFIED
PLANTATION PINE ISLAND,
L.L.C.

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

14 FEB 11 AM 9:53
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FEB 11 2014

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY 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: Inland Diversified Plantation Pine Island, L.L.C.
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 05/09/2012

SECTION II (4-7 complete only the applicable changes)

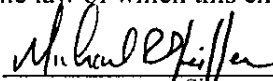
4. New name of the limited liability company: Realty Income Plantation Pine Island, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(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 contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: _____

7. Attached is an original certificate, if required: 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.



Signature of the authorized representative

Michael R. Pfeiffer, EVP of Member

Typed or printed name of signee

Filing Fee: \$25.00

14 FEB 11 AM 11:53
STATE OF FLORIDA
DEPARTMENT OF REVENUE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "INLAND DIVERSIFIED PLANTATION PINE ISLAND, L.L.C.", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "REALTY INCOME PLANTATION PINE ISLAND, LLC", THE TENTH DAY OF FEBRUARY, A.D. 2014, AT 7:35 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REALTY INCOME PLANTATION PINE ISLAND, LLC" WAS FORMED ON THE EIGHTH DAY OF MAY, A.D. 2012.

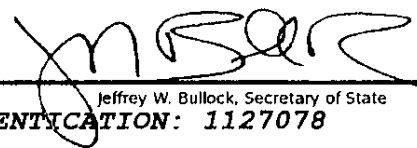
AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS

RECEIVED
SECRETARY OF STATE
DELAWARE
FEB 11 10:53

5151216 8320

140162607




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1127078

DATE: 02-11-14