### 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.

(((H15000263793 3)))



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

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)205-8842 : (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 A	Address								

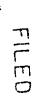
### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CVS 10122 FL, L.L.C.

<u></u>
0
0
05
\$25.00

Electronic Filing Menu

Corporate Filing Menu

Heip





# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

### SECTION I (1-4 must be completed)

Name of limited liability Company as it  State: CVS 10122 FL, L.L.C.	appears on the records of the Florida Departmen	nt of
2. The Florida document number of this limited	liability company is: M12000002618	TAN SEC
3. Jurisdiction of its organization: DE		25年 25年
4. Date authorized to do business in Florida: 57	/10/2012	- XE 유
SECTION II (5-9 complete only the applicab  5. New name of the limited liability company:	- · · · · · · · · · · · · · · · · · · ·	FLORIDA FLORIDA
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the alt Company," "L.L.C." or "L.L.C.")  6. If amending the registered agent and/or regist the new registered agent and/or the new registered	ternale name. The alternate name must contain "Limited Liabilit tered office address on our records, e <u>nter the nar</u>	у
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida Street Address	_
	, Florida	<del>-</del>
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a comply with the provisions of all statutes relative duties, and I am familiar with and accept the observoided for in Chapter 605, F.S. Or, if this docregistered office address, I hereby confirm that writing of this change.	igent and agree to act in this capacity. I further of the proper and complete performance of m bligations of my position as registered agent as cument is being filed to merely reflect a change i	y in the
7. If the amendment changes the jurisdiction of	ng Registered Agent, Signature of New Registered Agent Corganization, indicate new jurisdiction:	_

/ Capacity	<u>Name</u>	Address Type of Action
		Add
		Remove
		□ Add
		Remove
		Add
		□ Remove
		☐ Add
		Remove
		Add
	•	

Filing Fee: \$25.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CVS 10122 FL, L.L.C.", CHANGING ITS NAME FROM "CVS 10122 FL, L.L.C." TO "MC STOCK ISLAND FL LANDLORD, LLC", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF OCTOBER, A.D. 2015, AT 12:22 O'CLOCK P.M.



Authentication: 10357386

Date: 11-04-15

5108936 8100 SR# 20150711659

State of Delaware.
Secretary of State
Division of Corporations
Delivered 12:22 PM 10/30/2015
FILED 12:22 PM 10/30/2015
SR 20150711659 - FileNumber \$108936

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

as follows:	of Formation of the limited liability company is h	
;		
	The name has changed to: MC Stock Island FL Landlord, LLC	
	WHEREOF, the undersigned have executed this	
he <u>29th</u>	day of October , A.	D. 2015