

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.**

((H15000193708 3)))



H150001937083ABC1

**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 : FCA0000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

FILED  
2015 AUG 11 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*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  
15 AUG 13 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ARCP CNL FUNDING 2000-A GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05 L
Estimated Charge	\$25.00

**\*DO NOT SUBMIT\***

Electronic Filing Menu

Corporate Filing Menu

Help



August 12, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ARCP CNL FUNDING 2000-A GP, LLC  
2325 E. CAMELBACK ROAD  
SUITE 1100  
PHOENIX, AZ 85016

SUBJECT: ARCP CNL FUNDING 2000-A GP, LLC  
REF: M14000000944

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 signature is not acceptable for scanning.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H15000193708  
Letter Number: 015A00016980

RECEIVED

15 AUG 13 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 10 2015  
Filing of document  
date of submission 8/11

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARCP CNL Funding 2000-A GP, 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:

Kathi Simens

Name of Person

VEREIT, Inc.

Firm/Company

2325 East Camelback Road Suite 1100

Address

Phoenix AZ 85016

City/State and Zip Code

ksimens@vereit.com

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

For further information concerning this matter, please call:

Kathi Simens at ( 602 ) 778-6304  
Name of Person 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

CR2E055 (12/14)

**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)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ARCP CNL Funding 2000-A GP, LLC

2. The Florida document number of this limited liability company is: M14000000944

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/10/2014

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: VEREIT CNL Funding 2000-A GP, 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.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
Enter Florida Street Address

\_\_\_\_\_, Florida  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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

\_\_\_\_\_

**FILED**  
2015 AUG 11 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Existing Member changed its name from ARC Properties Operating Partnership LP to VREIT Operating Partnership LP

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	VEREIT Operating Partnership LP	2325 East Camelback Rd #1100	<input checked="" type="checkbox"/> Add
		Phoenix, AZ 85016	<input type="checkbox"/> Remove
Member	ARC Properties Operating Partnership LP	2325 East Camelback Rd #1100	<input type="checkbox"/> Add
		Phoenix, AZ 85016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a 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

Todd J. Weiss, Authorized Signatory of VREIT, Inc., General Partner of VREIT Operating Partnership, LP, Member

Typed or printed name of signer

Filing Fee: \$25.00

FILED  
2015 AUG 11 AM 8:14  
SECRETARY 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 "ARCP CNL FUNDING 2000-A GP, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "VEREIT CNL FUNDING 2000-A GP, LLC", THE THIRTY-FIRST DAY OF JULY, A.D. 2015, AT 12:13 O'CLOCK P.M.

FILED  
2015 AUG 11 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5354751 8320

151153688

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2631192

DATE: 08-10-15