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	V .				
		APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FIL AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA	E	s	
		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: CVS 10644 FL, L.L.C.			
		Enter new principal office address, if applicable:			
		(<u>Principal office guidress</u> <u>MUST BE A STREET ADDRESS</u>)			
				2019	
		Enter new mailing address, if applicable: (Mailing address	1	2019 OCT -	r
		MAY BE A POST OFFICE BOX	•	ۍ	•
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		2. The Florida document number of this limited liability company is:		1 3 1	-
		3. Jurisdiction of its organization: Delaware	•	æ	
		4. Date authorized to do business in Florida; 5/23/2014			
	5. New name of the limited liability company: DBD Nocigs 2019-7 LLC (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")				
		(must contain "Limited Liability Company, L.L.C., or Lice.	,		
		(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach copy of the written consent of the managers or managing members adopting the alternate name. The alternate na must contain "Limited Liability Company," "L.L.C." or "LLC.")	a me		
		6. If amending the registered agent and/or registered officer address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:			
		Name of New Registered Agent:			
		New Registered Office Address: Enter Florida Street Address			
		Florida 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 we 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. Thereby confirm that the lim liability company has been notified in writing of this change.			

If Changing Registered Agent, Signature of New Registered Agent

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

le/ Capacity	Name	Address	Type of Action
			Remove
			6Add
<u></u>			
			Add
			Remove
<u>-</u>			Add
			Remove
aforementioned as	the law of which this entity is	ed by the official having custody of records in the	ıc



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'CVS 10644 FL, L.L.C.', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'DBD NOCIGS 2019-7 LLC' ON THE FIRST DAY OF OCTOBER, A.D. 2019, AT 3:18 O'CLOCK P.M.



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

Authentication: 203712192 Date: 10-02-19