

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM341361

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
CNL Income Northstar, LLC		01/27/2012	LIMITED LIABILITY COMPANY: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	CLP Northstar, LLC		
<b>Street Address:</b>	450 South Orange Avenue		
<b>City:</b>	Orlando		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	32801		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	1263168	NORTHSTAR AT TAHOE	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	4078434444		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Phone:</b>	407-843-4600		
<b>Email:</b>	trademarks@lowndes-law.com		
<b>Correspondent Name:</b>	Jon M. Gibbs		
<b>Address Line 1:</b>	215 North Eola Drive		
<b>Address Line 4:</b>	Orlando, FLORIDA 32801		
<b>ATTORNEY DOCKET NUMBER:</b>	165767		
<b>NAME OF SUBMITTER:</b>	Jon M. Gibbs, Reg. No. 47,594		
<b>SIGNATURE:</b>	/Jon M. Gibbs/		
<b>DATE SIGNED:</b>	05/14/2015		
<b>Total Attachments: 4</b>			
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OP \$40.00 1263168

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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.

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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: AMY J. PATTERSON  
Account Name : CNL FINANCIAL GROUP, INC.  
Account Number : 113615003626  
Phone : (407)650-1000  
Fax Number : (407)540-2699

APR 02 2012  
L SELLERS

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Amy.patterson@cnl.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CNL INCOME NORTHSTAR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	3
Estimated Charge	\$25.00

RECEIVED  
12 MAR 30 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
12 MAR 30 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

**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)**

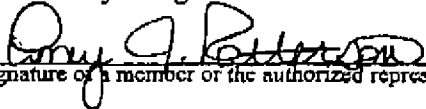
- 1. Name of limited liability company as it appears on the records of the Florida Department of State: CNL Income Northstar, LLC
- 2. Jurisdiction of its organization: Delaware
- 3. Date authorized to do business in Florida: September 5, 2006

**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? January 27, 2012
- 5. New name of the limited liability company: CLP Northstar, LLC  
(must end with "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 end with "Limited Liability Company," "L.L.C." or "LLC.")

- 6. If the amendment changes the period of duration, indicate new period of duration:  
\_\_\_\_\_
- 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
- 8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:  
\_\_\_\_\_
- 9. Attached is an original certificate, 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 a member or the authorized representative of a member

Amy J. Patterson, Authorized Representative  
Typed or printed name of signer

Filing Fee: \$25.00

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# Delaware

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*The First State*

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 "CNL INCOME NORTHSTAR, LLC", CHANGING ITS NAME FROM "CNL INCOME NORTHSTAR, LLC" TO "CLP NORTHSTAR, LLC", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2012, AT 1:12 O'CLOCK P.M.

4212330 8100

120094382

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: 9334719

DATE: 02-01-12

FILED  
12 MAR 30 AM 8:06  
SECRETARY OF STATE  
DELAWARE

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State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:12 PM 01/27/2012  
FILED 01:12 PM 01/27/2012  
SRV 120094382 - 4212330 FILE

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF FORMATION  
OF  
CNL INCOME NORTHSTAR, LLC**

FIRST. The name of the limited liability company is CNL INCOME NORTHSTAR, LLC (the "Company").

SECOND. Article 1 of the Certificate of Formation of the Company, filed on 8/29/2006 in the Office of the Secretary of State of the State of Delaware, shall be amended as follows:

The name of the Company shall be CLP Northstar, LLC.

IN WITNESS WHEREOF, the undersigned Authorized Person of the Company has executed this Certificate of Amendment to Certificate of Formation this 27th day of January, 2012.

By: /S/ AMY J. PATTERSON  
Name: Amy J. Patterson  
Title: Authorized Person

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