

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM341469

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
CNL Income Splashtown, LLC		02/01/2012	LIMITED LIABILITY COMPANY: DELAWARE
RECEIVING PARTY DATA			
Name:	CLP Splashtown, LLC		
Street Address:	450 South Orange Avenue		
City:	Orlando		
State/Country:	FLORIDA		
Postal Code:	32801		
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2426069	SPLASHTOWN	
CORRESPONDENCE DATA			
Fax Number:	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>			
Phone:	407-843-4600		
Email:	trademarks@lowndes-law.com		
Correspondent Name:	Jon M. Gibbs		
Address Line 1:	215 North Eola Drive		
Address Line 4:	Orlando, FLORIDA 32801		
ATTORNEY DOCKET NUMBER:	165767		
NAME OF SUBMITTER:	Jon M. Gibbs, Reg. No. 47,594		
SIGNATURE:	/Jon M. Gibbs/		
DATE SIGNED:	05/15/2015		
Total Attachments: 4			
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OP \$40.00 2426069

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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.

((H12000121048 3)))



H120001210483ABCT

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

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

Email Address: amy.patterson@cnl.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2012 MAY -1 AM 9:00

FILED

RECEIVED
12 MAY -1 AM 7:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

A. LUNT

MAY -2 2011

EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

H120001210483

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANACT 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 Splashtown, LLC
- 2. Jurisdiction of its organization: Delaware
- 3. Date authorized to do business in Florida: 2/6/2007

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? 2/1/2012
- 5. New name of the limited liability company: CLP Splashtown, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

2012 MAY -1 AM 9:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

(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 signee

Filing Fee: \$25.00

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Delaware

PAGE 1

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 SPLASHTOWN, LLC", CHANGING ITS NAME FROM "CNL INCOME SPLASHTOWN, LLC" TO "CLP SPLASHTOWN, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF FEBRUARY, A.D. 2012, AT 10:49 O'CLOCK A.M.



4287349 8100

120109309

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

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9338725

DATE: 02-02-12

H120001210483

TRADEMARK
REEL: 005517 FRAME: 0381

H120001210483

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
CNL INCOME SPLASHTOWN, LLC

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

SECOND. Article I of the Certificate of Formation of the Company, filed on 1/18/2007 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 Splashtown, LLC.

IN WITNESS WHEREOF, the undersigned Authorized Person of the Company has executed this Certificate of Amendment to Certificate of Formation this 31st day of January, 2012.

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:52 AM 02/01/2012
FILED 10:49 AM 02/01/2012
SRV 120109309 - 4267349 FILE

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TRADEMARK