

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

ETAS ID: TM372488

<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 Sunday River, LLC		02/01/2012	LIMITED LIABILITY COMPANY: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	CLP Sunday River, 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>	1946833	THE EDGE	
<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>	170149		
<b>NAME OF SUBMITTER:</b>	Jon M. Gibbs, Reg. No. 47,594		
<b>SIGNATURE:</b>	/Jon M. Gibbs/		
<b>DATE SIGNED:</b>	02/09/2016		
<b>Total Attachments: 4</b>			
source=CLP Sunday River Name Change#page1.tif			
source=CLP Sunday River Name Change#page2.tif			
source=CLP Sunday River Name Change#page3.tif			
source=CLP Sunday River Name Change#page4.tif			

OP \$40.00 1946833

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Division of Corporations

CS: ADMIN

0009

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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

**\*\*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 SUNDAY RIVER, LLC**

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

RECEIVED

12 MAY -2 AM 7:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAY 3 2012

Electronic Filing Menu

Corporate Filing Menu

Help

H120001210743

**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 Sunday River, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 8/7/2007

**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 Sunday River, 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 signee

Filing Fee: \$25.00

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**TRADEMARK**  
**REEL: 005727 FRAME: 0021**

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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 SUNDAY RIVER, LLC", CHANGING ITS NAME FROM "CNL INCOME SUNDAY RIVER, LLC" TO "CLP SUNDAY RIVER, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF FEBRUARY, A.D. 2012, AT 10:48 O'CLOCK A.M.

4389217 8100

120109295

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



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9338730

DATE: 02-02-12

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TRADEMARK

REEL: 005727 FRAME: 0022

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State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 10:52 AM 02/01/2012  
FILED 10:48 AM 02/01/2012  
SRV 120109295 - 4389217 FILE

## CERTIFICATE OF AMENDMENT

TO

## CERTIFICATE OF FORMATION

OF

## CNL INCOME SUNDAY RIVER, LLC

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

SECOND. Article I of the Certificate of Formation of the Company, filed on 7/16/2007 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 Sunday River, 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

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