## B13000000346

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	······································
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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MAY 2 1 2019 T. **HAMPTON** 



ON SERVICE COMPANY				
ACCOUNT NO. : 12000000195				
REFERENCE : 139078 5021613				
AUTHORIZATION:				
COST LIMIT : \$ 52.50				
ORDER DATE: May 19, 2014				
ORDER TIME : 4:37 PM				
ORDER NO. : 139078-015 **PLEASE FILE 2ND****				
CUSTOMER NO: 5021613				
FOREIGN FILINGS				
NAME: HIGHLAND MEDICAL OFFICE LP				
CORPORATE  XX LIMITED PARTNERSHIP  LIMITED LIABILITY COMPANY				
XXXX AMENDMENT				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Susie Knight EXT# 62956				
EXAMINER:				

## AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

appears on the records of the Florida Dep	or limited liability limited partnership as it partment of State is:  Medical Office LP
2. The jurisdiction of its formation is:	Delaware
3. The date the entity was authorized to	transact business in Florida is:December 18, 2013
limited partnership, enter the new name:	of the limited partnership or limited liability
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership or LLLP.	d Partnership, Limited, L.P., LP, or Ltd. o suffixes: Limited Liability Limited Partnership, L.L.L P.
5. If the amendment changes the general each general partner:  Name:	l partner(s), list the name and business address of <u>Business Address:</u>
tighland Park Centr Advisors LL	411 West Putnam Avenue Greenwich CT 06830
	ALL HAY
	20 AN COLOR

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6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:				
7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:				
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:				
The entity elects to be a limited liability limited partnership.				
The entity is no longer a limited liability limited partnership.				
9. Attached is an original certificate, no more than 90 days olds, 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.				
10. Effective date, if other than the date of filing:				
Signature of a general partner: Histoland Park Center AdvisorsLLC				
Typed or printed name:				
Arthur Amron, Vice President + Assistant Secretary  of the General Partner  Filing Fee: \$52.50  Certified Copy (optional): \$52.50				
Certificate of Status (optional): \$8.75				
Page 2 of 2	フ			

## Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "HIGHLAND MEDICAL

OFFICE LP", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME

TO "HIGHLAND PARK CENTER LP", THE FOURTEENTH DAY OF MAY, A.D.

2014, AT 11:32 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

PARTNERSHIP IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

5450939 8320

140659238

Jeffrey W. Bullock, Secretary of State AUTHENTY CATION: 1383049

DATE: 05-19-14

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