

B94000000391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 136949 5042714
AUTHORIZATION : *Patricia Pizito*
COST LIMIT : \$ 35.00

ORDER DATE : June 18, 2003

ORDER TIME : 10:31 AM

ORDER NO. : 136949-020

CUSTOMER NO: 5042714

CUSTOMER: Ms. Laurie W. Matthews
Healthcare Realty Trust
3310 West End Avenue
Suite 700
Nashville, TN 37203

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STATE
FLORIDA

CHANGE OF AGENT

File 2nd

NAME: HR OF CAPE CORAL, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Amanda Haddan EXT. 1155

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. HR OF CAPE CORAL, LTD. (F/K/A CAPSTONE OF CAPE CORAL, LTD)
Name of the limited partnership

2. 10/3/1994
Date of filing/registration in Florida

3. B 9400 0000 391
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT CORPORATION
Name
1200 SOUTH PINE ISLAND ROAD
Address
PLANTATION, FL 33324
City, State and Zip

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FLORIDA

5. The name and address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

[Signature]
Signature of General Partner VP/Asst Gen. Counsel of HRT Holdings, Inc., Its G.P.

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 with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Corporation Service Company
[Signature]
Signature of Registered Agent

Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00