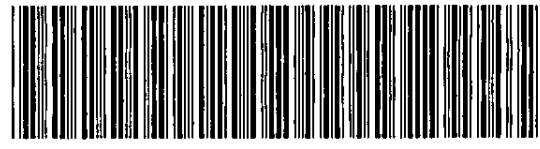


F08006601506



000284523810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
16 APR 14 PM 2:18
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SUFFICIENCY OF FILING
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 APR 14 A 11:32

APR 15 2016
XIMIEUX
T. LEMIEUX

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 103313 7452534
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : April 14, 2016
ORDER TIME : 1:07 PM
ORDER NO. : 103313-005
CUSTOMER NO: 7452534

FOREIGN FILINGS

NAME: CSH MASTER CARE USA INC.

XX CORPORATE
 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: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CSH Master Care USA Inc.
Name of Corporation

DOCUMENT NUMBER: F08000001506

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yury Tolentino
Name of Contact Person

HCP, Inc.
Firm/Company

1920 Main Street, Suite 1200
Address

Irvine, California 92614
City/State and Zip Code

HCP@cscinfo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yury Tolentino at (949) 407-0700
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F08000001506

(Document number of corporation (if known))

1. CSH Master Care USA Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Delaware (Incorporated under laws of) 3. April 3, 2008
(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? March 29, 2016

5. HCP S-H 2015 Member, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

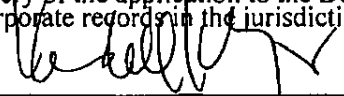
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Kendall K. Young

(Typed or printed name of person signing)

Executive Vice President

(Title of person signing)

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2016 APR 14
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TALLAHASSEE, FLORIDA


Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CSH MASTER CARE USA INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "HCP S-H 2015 MEMBER, INC." ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2016, AT 10:20 O`CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

3992563 8320
SR# 20162266086

Authentication: 202139924

Date: 04-13-16

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