

FO8006601306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

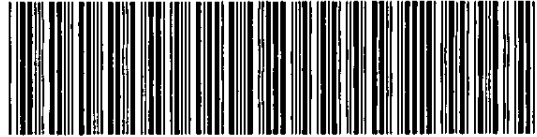
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000284523810

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

16 APR 14 PM 2:18

FILED

NOT INTENDED TO ACKNOWLEDGE
SUFFICIENCY OF FILING

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 15 2016

XOENET 1

Handwritten signature

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

Delaware

The First State

Page 1

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.



3992563 8320
SR# 20162266086

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202139924
Date: 04-13-16