

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) 617-6380

From: AMY J. PATTERSON  
Account Name : CNL FINANCIAL GROUP, INC.  
Account Number : 113615003625  
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

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
CNL PROPERTIES TRUST, INC.

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$52.50

RECEIVED

12 FEB 15 AM 8:00

FILED  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 FEB 15 PM 3:06

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

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**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)**

F10000003217

(Document number of corporation (if known))

FILED  
FEB 15 PM 3:06  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

1. CNL Properties Trust, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Maryland  
(Incorporated under laws of)
3. July 16, 2010  
(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? February 9, 2012
5. CNL Healthcare Trust, 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.

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

Amy J. Patterson  
(Typed or printed name of person signing)

Assistant Secretary  
(Title of person signing)

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02/15/12 14:56 FAX 4076501543

CSS ADMIN

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State of Maryland  
Department of  
Assessments and Taxation  
  
Charter Division



Martin O'Malley  
Governor

Robert E. Young  
Director

Paul B. Anderson  
Administrator

Date: 02/13/2012

CORPASSIST OF BALTIMORE  
2ND FLOOR  
836 PARK AVENUE  
BALTIMORE MD 21201

THIS LETTER IS TO CONFIRM ACCEPTANCE OF THE FOLLOWING FILING:

ENTITY NAME : CNL HEALTHCARE TRUST, INC.  
DEPARTMENT ID : 013605167  
TYPE OF REQUEST : ARTICLES OF AMENDMENT / NAME CHANGE  
DATE FILED : 02-09-2012  
TIME FILED : 08:30 AM  
RECORDING FEE : \$100.00  
EXPEDITED FEE : \$90.00  
COPY FEE : \$21.00  
FILING NUMBER : 1000362002874596  
CUSTOMER ID : 0002707938  
WORK ORDER NUMBER : 0003924518

PLEASE VERIFY THE INFORMATION CONTAINED IN THIS LETTER. NOTIFY THIS DEPARTMENT  
IN WRITING IF ANY INFORMATION IS INCORRECT. INCLUDE THE CUSTOMER ID AND THE WORK  
ORDER NUMBER ON ANY INQUIRIES.

Charter Division  
Baltimore Metro Area (410) 767-1350  
Outside Metro Area (888) 246-5941

301 West Preston Street-Room 801-Baltimore, Maryland 21201-2395  
Telephone (410)767-4930 / Toll free in Maryland (888)246-5941  
MRS (Maryland Relay Service) (800)733-2258 TTY/Voice- Fax (410)333-7097  
Mehreren Jahren das Beste und Sie

0007483768

CACCP

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02/15/12 14:56 FAX 4076501543

CSS ADMIN

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ENTITY TYPE: ORDINARY BUSINESS - STOCK  
STOCK: Y  
CLOSE: N  
EFFECTIVE DATE: 02-09-2012  
PRINCIPAL OFFICE: 836 PARK AVENUE  
SECOND FLOOR  
BALTIMORE MD 21201  
RESIDENT AGENT: NATIONAL REGISTERED AGENTS, INC. OF MD  
836 PARK AVENUE  
SECOND FLOOR  
BALTIMORE MD 21201-7912  
COMMENTS:  
THIS AMENDMENT RECORD INDICATES THE NAME CHANGE  
FROM: CNL PROPERTIES TRUST, INC.  
TO: CNL HEALTHCARE TRUST, INC.

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**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

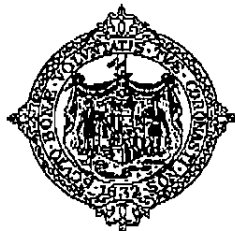
I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CNL HEALTHCARE TRUST, INC., INCORPORATED JUNE 08, 2010, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREBY SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 14, 2012.

*Paul B. Anderson*

Paul B. Anderson  
Charter Division



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice  
Fax (410) 333-7097

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ARTICLES OF AMENDMENT  
OF  
CNL PROPERTIES TRUST, INC.

FEB 09 2012

CNL Properties Trust, Inc., a Maryland corporation having its principal office in Baltimore, Maryland (hereinafter, the "Company"), hereby certifies to the State Department of Assessments and Taxation of Maryland, that:

FIRST: The charter of the Company is hereby amended by changing the name of the Company in Article I, Section 1.1 of the Articles of Amendment and Restatement as then amended, the Article shall be and read as follows:

"The name of the corporation (the "Company") is:

CNL Healthcare Trust, Inc."

SECOND: The amendments to the charter of the Company as set forth herein has been approved by a majority of the entire board of directors in accordance with Section 6-205 of the Maryland General Corporation Law.

THIRD: The undersigned, President of the Company, hereby acknowledges, in the name and on behalf of said Company, that the foregoing Articles of Amendment is a corporate act of said Company and further certifies that, to the best of his knowledge, information, and belief, the matters and facts set forth therein with respect to the approval thereof are true in all material respects, under the penalty of perjury.

IN WITNESS WHEREOF: CNL Properties Trust, Inc. has caused these Articles of Amendment to be signed on its behalf by its President and directed to be by its Secretary on February 9, 2012.

ATTEST:

CNL PROPERTIES TRUST, INC.

Holly Chen, Secretary

Stephen H. Mauldin, President

CUST ID: 6082787838  
WORK ORDER: 6083524318  
DATE: 02-13-2012 01:20 PM  
AMT. PAID: \$231.00

STATE OF MARYLAND	
I hereby certify that this is a true and complete copy of the page document on file in this office. DATED: 2-13-2012	
STATE DEPARTMENT OF ASSESSMENTS AND TAXATION	Custodian
is stamp replaces our previous certification system. Effective: 6/25	

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## CORPORATE CHARTER APPROVAL SHEET

\*\* EXPEDITED SERVICE \*\*

\*\* KEEP WITH DOCUMENT \*\*

DOCUMENT CODE 9A BUSINESS CODE 23  
W 13605767Class        Stock        Nonstock       P.A.        (Religious)       Merging (Transfers)                               Surviving (Transfers)                   

Affix Barcode Label Here

Affix Barcode Label Here

New Name CMA Healthcare  
Smart Inc.

## FEES REMITTED

Base Fee:	<u>100</u>
Org. & Cap. Fee:	<u>70</u>
Expedite Fee:	<u>      </u>
Penalty:	<u>      </u>
State Recommendation Fee:	<u>      </u>
State Transfer Tax:	<u>      </u>
Certificat Copies:	<u>20</u>
Copy Fee:	<u>      </u>
Certificates:	<u>70</u>
Certificates of State Fee:	<u>      </u>
Personal Property Filings:	<u>      </u>
Mail Processing Fee:	<u>      </u>
Other:	<u>      </u>
TOTAL FEES:	<u>231</u>

☒ Change of Name  
☐ Change of Principal Office  
☐ Change of Resident Agent  
☐ Change of Resident Agent Address  
☐ Resignation of Resident Agent  
☐ Designation of Resident Agent  
☐ and Resident Agent's Address  
☐ Change of Business Code

Adoption of Assumed Name

Other Change(s)

Credit Card        Check ✓ Cash              Documents on        ChecksApproval By: [Signature]Keyed By: [Signature]COMMENTS: [Signature]Code 144Attention:       Mail: Name and Address                               

Stamp Work Order and Customer Number HERE

CUST ID: 000277330  
 WORK ORDER: 0003024510  
 DATE: 02-13-2012 04:20 PM  
 RTT, PRID: 0231, 00

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