

F13000002016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

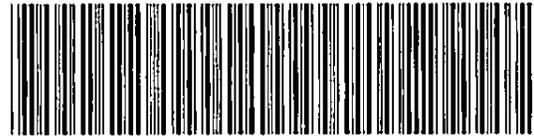
(Business Entity Name)

(Document Number)

Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED RECEIVED  
2023 JAN 17 AM 10:51  
2023 JAN 17 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. BUTLER  
JAN 18 2023

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

ACCOUNT NO. : I20000000195

REFERENCE : 344554 5042714

AUTHORIZATION :

COST LIMIT :

*[Handwritten signature]*  
~~35,000~~

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ORDER DATE : January 11, 2023

ORDER TIME : 11:45 AM

ORDER NO. : 344554-044

CUSTOMER NO: 5042714  
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CHANGE OF AGENT

NAME: HEALTHCARE TRUST OF AMERICA,  
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyllena Baker

EXAMINER'S INITIALS: \_\_\_\_\_

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Maryland in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HEALTHCARE TRUST OF AMERICA, INC.

2. The principal office address: 3310 West End Avenue, Suite 700, Nashville, TN 37203

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/09/2013 Document number: F13000002016

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T Corporation System  
1200 South Pine Island Road  
Plantation, FLL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company  
1201 Hays Street  
Tallahassee FL 32301

P.O. Box NOT acceptable

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CORPORATION SERVICE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jill E. Cilmi  
Signature of an officer or director

Jill Cilmi, Vice President  
Printed or typed name and title

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 obligation 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 corporation has been notified in writing of this change.

Ami M. Casper  
By: Ami M. Casper  
Signature of Registered Agent

01/13/2023  
Date

If signing on behalf of an entity:

Ami M. Casper, Asst. Vice President  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)