

F13000002016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

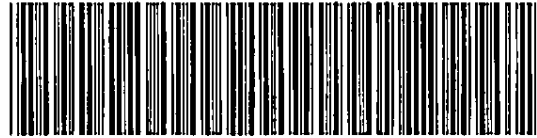
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

00789, 00641, 00671

Office Use Only



200399799582

01.12/22--01012--001 **25.00

2023 APR -5 AM 11:17

APR 11 2023

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Healthcare Trust of America, Inc.

Name of Corporation

DOCUMENT NUMBER: F13000002016

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robin Higgins

Name of Contact Person

Healthcare Realty Trust Incorporated

Firm/Company

3310 West End Avenue, Suite 700

Address

Nashville, TN 37203

City/State and Zip Code

rhiggins@healthcarerealty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Higgins

at (615) 269-8111

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(Pursuant to s. 607.1504, F.S.)

2023 APR -5 AM 11:17

(Document number of corporation (if known))

- (Name of corporation as it appears on the records of the Department of State)

SECTION II

- If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? July 19, 2022

Healthcare Realty Trust Incorporated

(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. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Corporation Service Company

1201 Hays Street

(Florida street address)

New Registered Office Address:

Tallahassee

Florida 32301

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

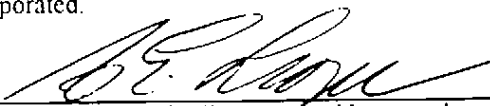
Cynthia Mendez

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Todd Meredith	3310 West End Ave., Ste. 700	<input checked="" type="checkbox"/> Add
		Nashville, TN 37203	<input type="checkbox"/> Remove
CFO	Robert Milligan	16435 N. Scottsdale Road	<input type="checkbox"/> Add
		Scottsdale, AZ 85254	<input checked="" type="checkbox"/> Remove
CFO	James C. Douglas	3310 West End Ave., Ste. 700	<input checked="" type="checkbox"/> Add
		Nashville, TN 37203	<input type="checkbox"/> Remove
EVP	John M. Bryant, Jr.	3310 West End Ave., Ste. 700	<input checked="" type="checkbox"/> Add
		Nashville, TN 37203	<input type="checkbox"/> Remove
SVP	Andrew E. Loope	3310 West End Ave., Ste. 700	<input checked="" type="checkbox"/> Add
		Nashville, TN 37203	<input type="checkbox"/> Remove

10. 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)

Andrew E. Loope
(Typed or printed name of person signing)

Senior Vice President, Corporate
(Title of person signing)
Counsel, and Secretary

FILING FEE \$35.00

STATE OF MARYLAND
Department of Assessments and Taxation

I, Michael L. Higgs, Director of the State Department of Assessments and Taxation, hereby certify that the attached document, consisting of 3 pages, inscribed with the same Authentication Code, is a true copy of the public record of the

ARTICLES OF AMENDMENT / NAME CHANGE-CORPORATION


for

HEALTHCARE REALTY TRUST INCORPORATED

(Department ID: **D11239977**)

I further certify that this document is a true copy generated from the online service with the State Department of Assessments and Taxation.

In witness whereof, I have hereunto subscribed my signature and affixed the seal of the State Department of Assessments and Taxation of Maryland at Baltimore on this March 20, 2023.



Michael L. Higgs
Director



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

CORPORATE CHARTER APPROVAL SHEET

** EXPEDITED SERVICE **

** KEEP WITH DOCUMENT **

DOCUMENT CODE 09A BUSINESS CODE _____# D11239977

Close _____ Stock _____ Nonstock _____

P.A. _____ Religious _____

Merging/Converting _____

Surviving/Resulting _____



1000362013713419

 ID # D11239977 ACK # 1000362013713419
 PAGES: 0003
 HEALTHCARE REALTY TRUST INCORPORATED

07/19/2022 AT 11:58 A MO # 0005125325

 New Name Healthcare Realty Trust
Incorporated

FEES REMITTED

 Base Fee: 100
 Org. & Cap. Fee: _____
 Expedite Fee: 445
 Penalty: _____
 State Recordation Tax: _____
 State Transfer Tax: 2.00
1 Certified Copies
 Copy Fee: 23
 Certificates _____
 Certificate of Status Fee: _____
 Personal Property Filings: _____
 NP Fund. _____
 Other: _____
TOTAL FEES: 568Credit Card _____ Check ☒ Cash _____

____ Documents on _____ Checks

Approved By: TLH

Layed By: _____

COMMENT(S):

file 4th of 4
effective 7/20/22
@ 4:30 PM ET
☒ 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)

Code _____

Attention: _____

Mail: Names and Address

 HQ CORPORATE SERVICES, INC.
 715 SAINT PAUL ST
 BALTIMORE MD 21202-2311
CERTIFIED
COPY MADE
 CUST ID: 0003908750
 WORK ORDER: 0005125325
 DATE: 07-19-2022 11:58 AM
 AMT. PAID: \$568.00

JUL 19 2022

ARTICLES OF AMENDMENT

of

HEALTHCARE TRUST OF AMERICA, INC.
(a Maryland stock corporation)

Healthcare Trust of America, Inc., a Maryland stock corporation (the "Corporation"), hereby certifies to the State Department of Assessments and Taxation of Maryland that:

FIRST: Article I of the charter of the Corporation (the "Charter") is hereby amended to change the name of the Corporation to:

Healthcare Realty Trust Incorporated ✓

SECOND: The foregoing amendment to the Charter has been approved by a majority of the entire Board of Directors of the Corporation and is limited to a change expressly authorized by Section 2-605 of the Maryland General Corporation Law to be made without action by the stockholders.

THIRD: These Articles of Amendment shall become effective at 4:30 p.m. ET on July 20, 2022. ✓

FOURTH: The undersigned President and Chief Executive Officer of the Corporation acknowledges these Articles of Amendment to be the corporate act of the Corporation and, as to all matters or facts required to be verified under oath, the undersigned President and Chief Executive Officer acknowledges that, to the best of his knowledge, information and belief, these matters and facts are true in all material respects and that this statement is made under the penalties for perjury.


[Signature page follows]


CUST ID: 0003908750
WORK ORDER: 0005125325
DATE: 07-19-2022 11:58 AM
AMT. PAID: \$568.00

IN WITNESS WHEREOF, the Corporation has caused these Articles of Amendment to be signed in its name and on its behalf by its President and Chief Executive Officer and witnessed by its Chief Financial Officer on July 19, 2022.

ATTEST:

Healthcare Trust of America, Inc.

By: 
Name: Robert A. Milligan
Title: Chief Financial Officer

By:  (SEAL)
Name: Peter N. Foss
Title: Interim President and Chief Executive Officer

[Signature Page to Articles of Amendment]

HEALTHCARE REALTY

January 11, 2023

Florida Department of State
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street
Suite 810
Tallahassee, FL 32303
Via FedEx

Re: Profit Corporation Application By Foreign Profit Corporation to File Amendment to
Application for Authorization to Transact Business in Florida
For Healthcare Trust of America, Inc. Document Number F130000002016
With Name Change to Healthcare Realty Trust Incorporated

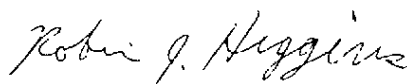
Dear Filing Officer:

Enclosed please find the Application of Amendment, for the above entity, and a
check in the amount of \$35 for the fee.

Also enclosed is a return FedEx envelope for your convenience in sending the
document evidence back to me.

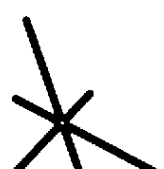
Please contact me at 615-269-8111 if you should have any questions.

Sincerely,



Robin J. Higgins
Paralegal

Enclosures





FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2023

ROBIN HIGGINS
3310 WEST END AVENUE
SUITE 700
NASHVILLE, FL 37203

SUBJECT: HEALTHCARE TRUST OF AMERICA, INC.
Ref. Number: F13000002016

We have received your document for HEALTHCARE TRUST OF AMERICA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 623A00006302

