

LD1000006422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

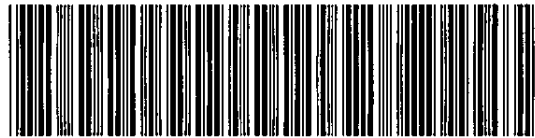
(Business Entity Name)

(Document Number)

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15 JUL 23 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 24 2015
S. YOUNG

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

ACCOUNT NO. : I20000000195
REFERENCE : 720074 4301771
AUTHORIZATION : *Lynette Clemons*
COST LIMIT : \$ 250.00

ORDER DATE : July 23, 2015
ORDER TIME : 9:41 AM
ORDER NO. : 720074-010
CUSTOMER NO: 4301771

DOMESTIC AMENDMENT FILING

NAME: MGP SARASOTA, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

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15 JUL 23 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MGP SARASOTA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 25, 2001 and assigned Florida document number L01000006422.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

c/o HCP, Inc.

1920 Main Street, Suite 1200

Irvine, California 92614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o HCP, Inc.

1920 Main Street, Suite 1200

Irvine, California 92614

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

Enter Florida street address

Tallahassee

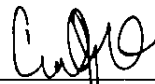
City

Florida 32301

Zip Code

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

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Courtney Williams
Asst. Vice President

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CSH Real Property I, LLC	100 Milverton Drive, Suite 700	<input type="checkbox"/> Add
		Mississauga, Ontario Canada	<input checked="" type="checkbox"/> Remove
		L5R 4H1	<input type="checkbox"/> Change
AMBR	S-H Thirty-Five Properties, LLC	c/o HCP, Inc.	<input checked="" type="checkbox"/> Add
		1920 Main Street, Suite 1200	<input type="checkbox"/> Remove
		Irvine, California 92614	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 DEPARTMENT OF REVENUE
 DIVISION OF CORPORATIONS
 AND FINANCIAL SERVICES
 200 N. TRINITY STREET
 RICHMOND, VA 23219

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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STATE OF TEXAS
TAMU-COSTER COUNTY

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 22, 2015

S-H Thirty-Five Properties, LLC
By: S-H Thirty-Five PropCo Ventures, LLC, its sole member
By: /s/ Kendall K. Young

Signature of a member or authorized representative of a member

Kendall K. Young, Executive Vice President

Typed or printed name of signee