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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SEERE LARY OF STATE

DEPARTMENT OF TAKE

K.SALY EXAMINER APR 15 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

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		ACCOU	NT NO.	:	120000000	195	
		REF	ERENCE	:	100555	7452534	
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		COST	LIMIT	:	\$ 25-00	•	
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1	NAME:	MGP TA	MARAC, I	LC			
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XXXX AM	ENDMEN'	Г					
PLEASE I	RETURN	THE FOLLO	WING AS	PRO	OOF OF FIL	ING:	
XX	PLAIN	FIED COPY STAMPED OF		AND:	ING		

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MGP Tamarac, LLC	
***************************************	n Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Yury Tolentino	
Name of Person	
HCP, Inc.	
Firm/Company	
1920 Main Street, Suite 120	0
Address	
Irvine, CA 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	
Name of Person	at (949) 407-0700 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & Certificate of Status	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy
CR2E055 (9/15)	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Florida Depart	tment of
State: MGP Tamarac, LLC		THE REAL PROPERTY OF THE PROPE
Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		- Control of the cont
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liab	pility company is: M0300000	596
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: Feb	ruary 19, 2003	
SECTION II (5-9 complete only the applicable cl		
5. New name of the limited liability company: S- (must	H Thirty-Five PropCo – Tacontain "Limited Liability Company	amarac, LLC y, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted topy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C.	aging members adopting the alternat	
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	officer address on our records, enti	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Stre	eat Address
	,	Manida.
	City	Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change it liability company has been notified in writing of this	t and agree to act in this capacity. I and complete performance of my dui red agent as provided for in Chapte n the registered office address, I her	ties, and I am familiar with r 605, F.S. Or, if this

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
le/ Capacity	<u>Name</u>	Address	hat change: Type of Action		
			Add ∰		
			Remov		
	·		Add		
			Remove		
			DAdd		
			Remove		
			Add		
			Remove		
			Add		
			Remove		
aforementioned a	the law of which this entity is organic	y the official having custody of records in spized.	th e		
	Signature of By: S-H Thirty-Five Properties, LLC By: S-H Thirty-Five PropCo Vo By: Kendall K. Young, Exec Typed or pri	entures, LLC, its sole member			

Filing Fee: \$25.00

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MGP TAMARAC, LLC", CHANGING ITS NAME FROM "MGP TAMARAC, LLC" TO "S-H THIRTY-FIVE PROPCO - TAMARAC, LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2016, AT 9:07 O'CLOCK A.M.



Authentication: 202081832 Date: 04-01-16

3618831 8100 SR# 20161927078

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

FILED
2016 APR 14 AM 8: 08

SECRETARY OF STATE
ALLAMASSEE, FLORIDA

CERTIFICATE OF AMENDMENT

TO

AMENDED AND RESTATED CERTIFICATE OF FORMATION

OF

MGP TAMARAC, LLC

This certificate of Amendment to the Amended and Restated Certificate of Formation of MGP Tamarac, LLC (the "Company"), as amended, is being duly executed and filed pursuant to Section 18-202 of the Delaware Limited Liability Company Act.

<u>FIRST</u>: The name of the limited liability company is MGP Tamarac, LLC.

SECOND: The Amended and Restated Certificate of Formation of the Company, dated July 7, 2015, as amended on July 9, 2015, is hereby amended by deleting Article FIRST in its entirety and replacing it with the following new Article:

"FIRST: The name of the limited liability company is S-H Thirty-Five PropCo - Tamarac, LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to Amended and Restated Certificate of Formation on this 29th day of March, 2016.

Name: Kendall K. Young
Title: Authorized Person