# 110400003844

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consider Instructions to Filipp Officer
Special Instructions to Filing Officer:

Office Use Only



400284536334

2016 APR 14 AM 8: 00
SCORETANY, OF STATE
TALLAHASSERVELORIDA

DEPARTMENT OF THE

K.SALY EXAMINER NPH 15

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 100555 7452534
AUTHORIZATION: Spelle Ran
COST LIMIT : \$ 25.00
ORDER DATE : April 12, 2016
ORDER TIME : 9:32 AM
ORDER NO. : 100555-035
CUSTOMER NO: 7452534
FOREIGN FILINGS
NAME: MPG PORT ST. LUCIE, LLC
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MGP Port St. Lucie, LL	C
Name of Foreign Limit	ited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are sul	omitted for filing.
Please return all correspondence concerning this matter	er to the following:
Yury Tolentino	
Name of Person	<del></del>
HCP, Inc.	
Firm/Company	
1920 Main Street, Suite 1200	
Address	
Irvine, CA 92614	
City/State and Zip Code	<del></del>
HCP@cscinfo.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please	call:
Yury Tolentino	949 <sub>,</sub> 407-0700
Name of Person A	rea 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:  \$\begin{align*}	\$55 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	)		meyer'i
Name of limited liability Company as it appears of the second secon	on the records of the Flori	da Department of	产品 5	
State: MGP Port St. Lucie, LLC				
Enter new principal office address, if applicable:				星 〇
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )			ALLAHASSER, ELDRIDE	4: 00 3: 00
Enter new mailing address, if applicable:  (Mailing address  MAY BE A POST OFFICE BOX)				
2. The Florida document number of this limited liabi	lity company is: M040	00003844		
3. Jurisdiction of its organization: Delaware				
4. Date authorized to do business in Florida: Sept	tember 17, 2004			
SECTION II (5-9 complete only the applicable ch.	anges)			
5. New name of the limited liability company: S-H (must c	1 Thirty-Five PropContain "Limited Liability	Company, ""L.L.C.,	ie, LLC or "LLC.")	
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C."	ging members adopting th	ing business in Florida ne alternate name. The	and attach a alternate name	
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	officer address on our rec ress here:	cords, enter the name o	of the new	
Name of New Registered Agent:			<del></del>	
New Registered Office Address:	C . C'		<del> </del>	
	Enter Fi	orida Street Address		
	City	, Florida Za	ip Code	
New Registered Agent's Signature, if changing Regis	stered 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.

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change				
e/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action	
			Add	
			Remove	
<del></del>			Add	
			Remove	
			Dbdd	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
forementioned am	ne law of which this entiry is org	y the official having custody of records in the hard of the authorized representative C, its sole member contures, LLC, its sole member		

Typed or printed name of signee
Filing Fee: \$25.00

**Delaware** 

Page 1

The First State

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 PORT ST. LUCIE,

LLC", CHANGING ITS NAME FROM "MGP PORT ST. LUCIE, LLC" TO "S-H

THIRTY-FIVE PROPCO - PORT ST. LUCIE, LLC", FILED IN THIS OFFICE

ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2016, AT 9:07 O'CLOCK

A.M.

ZOIGAPRIL AM 8: 00



Authentication: 202081821 Date: 04-01-16

3825170 8100 SR# 20161927077

State of Delaware
Secretary of State
Division of Corporations
Delaware 09:07 AM 03:29:2016
FIEED 9:09:7 AM 03:29:2016
SR 20161927077 - Die Number 38:25170

### CERTIFICATE OF AMENDMENT

TO

### AMENDED AND RESTATED CERTIFICATE OF FORMATION

OF

### MGP PORT ST. LUCIE, LLC

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

FIRST: The name of the limited liability company is MGP Port St. Lucie, 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 - Port St. Lucie, LLC."

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

Name: Kendall K. Young

Title: Authorized Person