# Division of Corporations Electronic Filing Cover Sheet

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#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NNN HEALTHCARE/OFFICE REIT E FLORIDA LTC, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
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C. LEWIS

SEP 1 5 2010

**EXAMINER** 

Electronic Filing Menu Corporate Filing Menu

Help

### COVER LETTER

Division of Corporations NNN Healthcare/Office REIT E Florida LTC, LLC SUBJECT: Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ms. Kellie Pruitt Name of Person Healthcare Trust of America, Inc. Firm/Company 16435 North Scottsdale Road, Suite 320 Address Scottsdale, AZ 85254 City/State and Zip Code kelliepruitt@htareit.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ms. Kellie Pruitt Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: S25 Filing Fee ☐ \$30 Filing Fee & ☐\$55 Filing Fee & **■ \$60 Filing Fee,** Certificate of Status Certified Copy Certificate of Status & Certified Copy

TO:

Registration Section

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Department of State: NNN Healthcare/Office REIT E Florida LTC, LLC	
2.	Jurisdiction of its organization: Delaware M0700005548	
3.	Date authorized to do business in Florida; 09/14/2007	ı.
	SECTION II (4-7 complete only the applicable changes)	
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 10/27/2009	
5.	New name of the limited liability company: HTA - E Florida LTC, LLC	
	(must end with "Limited Liability Company." "L.L.C.," or "LLC.")	
Flo	f name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting e alternate name. The alternate name must end with "Limited Liability Company," "L.L.C."	2010
б.	If the amendment changes the period of duration, indicate new period of duration:	2010 SEP 14
7. -	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	200 A 100 A
8.	If the amendment corrects any false statement, indicate the statement being corrected and the correction:	ie T
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisd under the law of which this entity is organized.	iction
	Deen So-	
	Signature of a member or the authorized representative of a member	
	Kellie S. Pruitt	
	Typed or printed name of signee	
	Filing Fee: \$25.00	

# Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MNN HEALTHCARE/OFFICE REIT E FLORIDA LTC, LLC", FILED A CERTIFICATE OF AMENDMENT, CRANGING ITS NAME TO "HTA - E FLORIDA LTC, LLC", THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2009, AT 8 O'CLOCK A.M.

You may verify this certificate onlat corp. delaware, gov/authver.shtml

DATE: 09-13-10