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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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LLC REGISTERED AGENT CHANGE HTA - E FLORIDA LTC, LLC

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NOV 1 9 2012 EXAMINER 98

11/16/2012

CT CORPORATION

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. Name of the limited liability company: HTA - E FLORIDA LTC, LLC

2. (a) Principal office address of limited liability co	mpany:
(Note: MUST BE STREET ADDRESS)	16435 NORTH SCOTTSDALE ROAD, SUITE 320
	SCOTTSDALE AZ 85254 US
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
09/14/2007	M07000005548
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:
Registered Agent:	NRAI SERVICES, INC
Registered Office Address:	515 E, PARK AVENUE
	TALLAHASSEE FL 32301 US
(b) Enter name of <u>NEW Registered Agent</u> and/o	or NEW Registered Office address:
(b) Estat time of 11211 Hoctores 12211 and	
NEW Registered Agent:	C T Corporation System
NEW Registered Office Address:	1200 South Pine Island Road

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the limited liability company.

Plantation

or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member

Nichol McCroy

(MUST BE FLORIDA STREET ADDRESS)

Printed or typed name of signee

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 608, F.S. Or, if this document is being lited 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.

CT Corporation System

Kristin Bolden

Signature of Registered Agent

Assistant Secretary Signature of Registered Agent

> Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**

INHS18 (05/08) FLUIS - 11/16/2010 C T System Online

FL 33324