

M080000006174

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
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11 JAN -7 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
HTA - MEDICAL PORTFOLIO 1, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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11 JAN -7 AM 8:20
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON
JAN 10 2011
EXAMINER

**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 - Medical Portfolio 1, LLC
2. (a) Principal office address of limited liability company: 16435 N. Scottsdale Road, Suite 320
(Note: **MUST BE STREET ADDRESS**) Scottsdale, AZ 85254
- (b) Mailing address of limited liability company: 16435 N. Scottsdale Road, Suite 320
(Note: **MAY BE POST OFFICE BOX**) Scottsdale, AZ 85254

January 11, 2008

M08000000174

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

NRAI Services, Inc.

Registered Office Address:

2731 Executive Park Drive, Suite 4
Weston, FL 33331

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

CT Corporation System

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1200 South Pine Island Road

c/o CT Corporation System

Plantation, FL 33324

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 or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Please see attached page

(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 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.

By: [Signature]

(Signature of Registered Agent)

Yadira Garcia
Assistant Secretary

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

INH518 (05/08)

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DIVISION OF CORPORATIONS

SIGNATURE PAGE
^{to}
STATEMENT *of* CHANGE *of* REGISTERED OFFICE *or* REGISTERED AGENT *or* BOTH
for LIMITED LIABILITY COMPANY
^{of}
HTA - MEDICAL PORTFOLIO 1, LLC

Sole Member:

Healthcare Trust of America Holdings, LP,
a Delaware limited partnership

By: Healthcare Trust of America, Inc.,
a Maryland corporation,
its General Partner

By:

Kellie S. Pruitt
Kellie S. Pruitt, Chief Financial Officer

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