Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

-G&E-HEALTHCARE REIT VISTA PROFESSIONAL CENTER, LLC

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ALLAHASSEE. FLORID

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DIVISION OF CORPORATION

COVER LETTER

TO;		ion Section of Corporations			
SUBJ	ECT:	G&E Healthcare REI			<u> </u>
Dear S	Sir or Mada	ım:			
The er	sclosed app	olication, certificate and fee((s) are submitted	for filing.	
Please	return all o	correspondence concerning	this matter to th	e following	p.
		Kellie S. Pruitt			
		(Name of Person)			
	Health	ncare Trust of America	ı, Inc.		•
		(Firm/Company)			
	16435 N	i. Scottsdale Road, Sul	te 320		
		(Address)			
	S	Scottsdale, AZ 85254			
	· · · · · · · · · · · · · · · · · · ·	(City/State and Zip Co	de)		
For fur	ther inform	nation concerning this matte	r, please cali:		
	Kel	lie S. Pruitt	at (480)	998.3478	3
	(N	ame of Person)	(Area Code &	Daytime T	elephone Number)
	Registration Division of Clifton Bu 2661 Exec	f Corporations		Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 se, Florida 32314
Enclos	ed is a che	ck for the following amous	nt:	•	
\$25	Filing Fee	O \$30 Filing Fee & Certificate of Status	2 \$55 Filin Certified		☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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)

., ,	Jurisdiction of its organization: Delaware
3.]	Date authorized to do business in Florida: March 12, 2008
	SECTION II (4-7 complete only the applicable changes)
. i	If the amendment changes the name of the limited liability company, when was the hange effected under the laws of its jurisdiction of organization?
. 1	New name of the limited liability company: HTA - Vista Professional Center, LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC."
loi	name unavailable, enter alternate name adopted for the purpose of transacting business in ride and attach a copy of the written consent of the managers or managing members adopting
loi ie : r "	name unavailable, enter alternate name adopted for the purpose of transacting business in ride and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." LLC.") If the amendment changes the period of duration, indicate new period of duration:
loi r "	rids and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." LLC.")

Signature of a member or the authorized representative of a member

See attached signature page

Typed or printed name of signee

Filing Fee: \$25.00

SECREMARY OF STATE

SIGNATURE PAGE

APPLICATION by FOREIGN LIMITED LIABILITY COMPANY to FILE AMENDMENT to APPLICATION for AUTHORIZATION to TRANSACT BUSINESS in FLORIDA

of G&E HEALTHCARE REIT VISTA PROFESSIONAL CENTER, 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

Bv:

Kellie S. Pruitt, Chief Financial Officer

DIVISION OF CORPORATION OF STAN 8: 54

Delaware

DA/ZE T

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "GGE HEALTHCARE REIT
VISTA PROFESSIONAL CENTER, LLC", FILED A CERTIFICATE OF
AMENDMENT, CHANGING ITS NAME TO "HTA - VISTA PROFESSIONAL
CENTER, LLC", THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2009, AT 8
O'CLOCK A.M.

1515948 R320

100933975

AUTHENTYCATION: 8245146

DATE: 09-23-10

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