

1108000001180

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
Account Number : FCA0000000023
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SECRETARY OF STATE
DIVISION OF CORPORATION
10 NOV -9 AM 8:43

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
HTA - VISTA PROFESSIONAL CENTER, LLC**

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

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10 NOV -9 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HTA - Vista Professional Center, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelle S. Pruitt
Name of Person

Healthcare Trust of America, Inc.
Firm/Company

16435 N. Scottsdale Road, Suite 320
Address

Scottsdale, AZ 85254
City/State and Zip Code

kellepruitt@htarelt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelle S. Pruitt at (480) 998.3478
Name of Person Area 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:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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

10 NOV -9 AM 8:49

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 - Vista Professional Center, LLC

2. (a) Principal office address of limited liability company: _____

☒

(Note: MUST BE STREET ADDRESS)

16435 N. Scottsdale Road, Suite 320
Scottsdale, AZ 85254

(b) Mailing address of limited liability company: _____

☒

(Note: MAY BE POST OFFICE BOX)

16435 N. Scottsdale Road, Suite 320
Scottsdale, AZ 85254

March 12, 2008

M08000001180

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:

1200 South Pine Island Road

(MUST BE FLORIDA STREET ADDRESS)

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.

Kelli S. Pruitt

Signature of a member or authorized representative of a member

Kelli S. Pruitt, Chief Financial Officer of Healthcare Trust of America, Inc.,
General Partner of Healthcare Trust of America Holdings, L.P. its Sole Member
Printed or typed name of signer

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.

[Signature]

Signature of Registered Agent

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