## M10000003561

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
# Copies Certificates of Status									
al Instructions to Filing Officer:									
J. HORNE									
JAN 1 8 2023									

Office Use Only



100398468361

SECRETANY OF STATE ALLAHASSEE, FLORIDA RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT N	0. :	12000000	0195					
REFEREN	CE :	344554	5042714					
AUTHORIZATI	ON :	Carello	Reman					
COST LIM	IT :	\$ (25).00	William .					
ORDER DATE : January 11, 2	023	<del></del>						
-	023							
ORDER TIME : 11:48 AM								
ORDER NO. : 344554-224								
CUSTOMER NO: 5042714								
CHANGE OF AGENT								
NAME: HTA - OVIE	DO, LI	r.c						
PLEASE RETURN THE FOLLOWING	AS PF	ROOF OF FI	LING:					
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Eyliena Bal	ker							
Tillion Linguis Dy Liena Da								

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	ume of the limited liability company: HTA - OVIEDO	, LLC				
2.	(a)	16435 North Scottsdale Road, Suite 320		(b)			
_,	(")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- <del>-</del>	(*)	Mailing address of limit (Note: MAY BE PO)	ed liability company	<i>r</i> :
		Scottsdale, AZ 85254					
		08/11/2010		M1000000	3567		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	C T Corporation System					
J. (	(4)	Registered Agent and Registered Office shown on the records of to 1200 South Pine Island Road	he Flori	ida Dept. of State	- e:		
			DDDC	CCI	_		
		Registered Office Address (MUST BE FLORIDA STREET A	INDRE.	<u>331</u>			
		Plantation , FL	3332	4	-	2023 JAN SECRE I	77
(t	(b) .	Enter name of NEW Registered Agent and/or NEW Registered	Office 1	ıddress:	-	HARY OF STATE	
		Corporation Service Company			_		
		NEW Registered Office Address:			-	: ယ္	
		1201 Hays Street			_		
		Tallahassee , FL	32301				
cha age was	nge nt w :/wei	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liabe authorized by an affirmative vote of the members of thes of organization or the operating agreement of the li	egiste pility c the li	red office and ompany, it is nited liability	I the business office hereby confirmed to company or as other	of the registered hat the change(s	l )
/s	/ Jil	l Cilmi	Ji	I Cilmi, Autho	rized Person		
Si	gnatu	re of a member or authorized representative of a member		·	Printed or typed name of	ofsignee	
I he prov the d to m	ereby visió oblig terel fied	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.  Con	e to ac erforn for in ereby c	t in this capa nance of my d Chapter 605, confirm that th	city. I further agree uties, and I am fam F.S. Or, if this doc he limited liability c	e to comply with iliar with and ac cument is being fi company has bee	the cept iled n
		(0)	•		Company . Vice President		