M10 000 005 375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

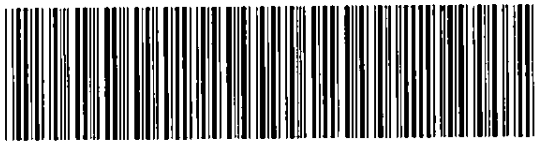
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4085

Office Use Only



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04/11/25 -01010 -003 **25.00

RCT 7/21/25

FILED
25 JUL 21 AM 7:48

HEALTHCARE REALTY
3310 West End Avenue Suite 700
Nashville Tennessee 37203
p 615.269.8175
www.healthcarerealty.com

July 18, 2025

Florida Department of State
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street
Suite 810
Tallahassee, FL 32303
Via FedEx

Re: Articles of Amendment to Articles of Organization of
HTA - FL Ortho Institute; Document Number M10000005375
With Name Change to HTA-TELECOM ASC, LLC

Dear Filing Officer:

Enclosed please find a copy of your rejection letter and a new Application of Amendment, for the above entity, for filing with your office.

Also enclosed is a return FedEx envelope for your convenience in sending the document evidence back to me.

Please contact me at 615-269-8111 if you should have any questions.

Sincerely,

Robin J. Higgins

Robin J. Higgins
Paralegal and Assistant Secretary

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HTA - FL Ortho Institute ASC, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robin Higgins
Name of Person

Healthcare Realty Trust Incorporated
Firm/Company

3310 West End Avenue, Suite 700
Address

Nashville, TN 37203
City/State and Zip Code

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

For further information concerning this matter, please call:

Robin Higgins at (615) 269-8111
Name of Person — Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: HTA - FL Ortho Institute ASC, LLC

Enter new principal office address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

_____

2. The Florida document number of this limited liability company is: M10000005375

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 7, 2010

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: HTA-TELECOM ASC, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

_____

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
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 605, 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.

_____
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Robin Higgins
Signature of the authorized representative

Robin Higgins
Typed or printed name of signee

Filing Fee: $25.00

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "HTA - FL ORTHO INSTITUTE ASC, LLC", CHANGING ITS NAME FROM "HTA - FL ORTHO INSTITUTE ASC, LLC" TO "HTA-TELECOM ASC, LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2025, AT 3:07 O`CLOCK P.M.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

4907228 8100
SR# 20253360130

Authentication: 204204988
Date: 07-15-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF CERTIFICATE OF FORMATION

The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is HTA - FL Ortho Institute ASC, LLC.

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

FIRST: The name of the limited liability company is HTA-TELECOM ASC, LLC.

By: Robin Higgins
Authorized Person

Name: Robin Higgins
Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:07 PM 03/26/2025
FILED 03:07 PM 03/26/2025
SR 20251244590 - File Number 4907228