

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

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

Email Address: _____

RECEIVED

2016 NOV 23 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WEXFORD MIAMI PROPERTY ACQUISITIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 NOV 23 AM 11:57

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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

NOV 28 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wexford Miami Property Acquisitions, 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:

Jennifer Hudson

Name of Person

Ventas, Inc.

Firm/Company

10350 Ormsby Park Place, Suite 300

Address

Louisville, KY 40223

City/State and Zip Code

jennifer.hudson@ventasreil.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Hudson

at (502) 357-9012

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

☐ \$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: Wexford Miami Property Acquisitions, LLC

Enter new principal office address, if applicable:

10350 Ormsby Park Place, Suite 300

(Principal office address

Louisville, KY 40223

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

10350 Ormsby Park Place, Suite 300

(Mailing address

Louisville, KY 40223

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M11000001563

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/28/2011

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

5. New name of the limited liability company: VTR LS Miami Property Acquisitions, 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

City, Florida 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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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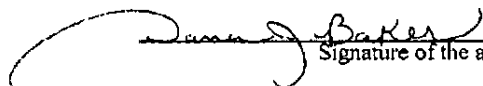
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Dana J. Baker
Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

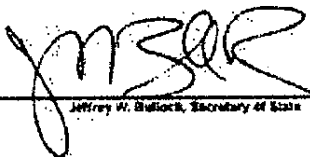
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "WEXFORD MIAMI
PROPERTY ACQUISITIONS, LLC", FILED A CERTIFICATE OF AMENDMENT,
CHANGING ITS NAME TO "VTR LS MIAMI PROPERTY ACQUISITIONS, LLC"
ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2016, AT 7:28 O'CLOCK
P.M.

FILED
2016 NOV 23 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4958472 8320
SR# 20166770815

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203390108
Date: 11-23-16