

M13000004100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

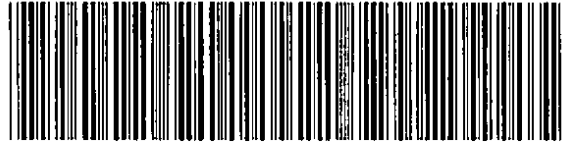
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
2021 DEC 20 AM 9:56  
CLERK OF STATE  
TALLAHASSEE, FL  
2021 DEC 20 PM 3:04  
ALAN S. SULLIVAN

Y SULKER

DEC 21 2021

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com

incserv

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
  
850.656.7953

**REQUEST DATE** 12/20/2021

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 984279

**ORDER ENTITY**

JACKSONVILLE MEDICAL OFFICE BUILDING LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**JACKSONVILLE MEDICAL OFFICE BUILDING LLC ( FL )**

File the attached amendment and provide a certified copy.

**NOTES:**

\$55.00 Authorized

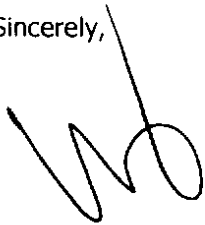
**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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: Jacksonville Medical Office Building 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)**

309 North Water Street, Suite 500

Milwaukee, WI 53202

2. The Florida document number of this limited liability company is: M13000004100

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/26/2013

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

5. New name of the limited liability company: DOC-15255 Max Leggett Pkwy MOB, 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: Universal Registered Agents, Inc.

New Registered Office Address: 1317 California Street

*Enter Florida Street Address*

Tallahassee

*City*


Florida

32304

*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**

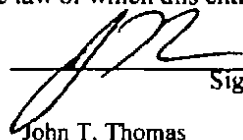
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

The new manager shall be Physicians Realty L.P.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Anthony Lampasona	839 N Jefferson Street, Suite 600	<input type="checkbox"/> Add
		Milwaukee, WI 53202	<input checked="" type="checkbox"/> Remove
Manager	Mark Eisenmann	839 N Jefferson Street, Suite 600	<input type="checkbox"/> Add
		Milwaukee, WI 53202	<input checked="" type="checkbox"/> Remove
Manager	Physicians Realty L.P.	309 North Water Street, Suite 500	<input checked="" type="checkbox"/> Add
		Milwaukee, WI 53202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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.



Signature of the authorized representative

John T. Thomas

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 "JACKSONVILLE MEDICAL OFFICE BUILDING LLC", FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO "DOC-15255 MAX LEGGETT PKWY MOB, LLC" ON THE TWENTIETH DAY OF DECEMBER, A.D. 2021, AT 8:13 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE TWENTIETH DAY OF DECEMBER, A.D. 2021 AT 9:36 O'CLOCK A.M.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

5199800 8320  
SR# 20214157438

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 205030905  
Date: 12-20-21