

MIS000003561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

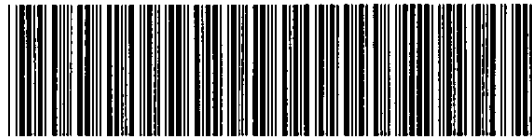
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500274804955

RECEIVED
DEPARTMENT OF REVENUE
15 JUL 23 AM 10:13
TO: FILING OFFICE
SUPPORT DIVISION

FILED
2015 JUL 23 AM 10:13
CLERK OF STATE
TALLAHASSEE, FLORIDA

JUL 24 2015

S MASON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 720074 4301771
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : July 23, 2015
ORDER TIME : 9:39 AM
ORDER NO. : 720074-025
CUSTOMER NO: 4301771

FOREIGN FILINGS

NAME: S-H THIRTY-FIVE OPCO -
WILLOWWOOD, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

**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: S-H THIRTY-FIVE OPCO - WILLOWWOOD, LLC
2. The Florida document number of this limited liability company is: M15000003561
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: May 7, 2015

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

5. New name of the limited liability company: _____
(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 office 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: _____

FILED
JUL 23 10:40
STATE OF FLORIDA

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>AP</u>	<u>VLAD VOLODARSKI</u>	<u>100 MILVERTON DR., STE 700</u>	<input type="checkbox"/> Add
		<u>MISSISSAUGA, ON</u>	<input checked="" type="checkbox"/> Remove
		<u>CANADA L5H-4H1</u>	
<u>AMBR</u>	<u>S-H Thirty-Five OpCo Ventures, LLC</u>	<u>c/o HCP, Inc,</u>	<input checked="" type="checkbox"/> Add
		<u>1920 Main Street</u>	<input type="checkbox"/> Remove
		<u>Irvine, California 92614</u>	
			<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.

/s/ Kendall K. Young
Signature of the authorized representative

Kendall K. Young, Executive Vice President
Typed or printed name of signee

Filing Fee: \$25.00

FILED
2015 JUL 23 A 10:10
CLERK OF STATE
TOLSON, MISSOURI