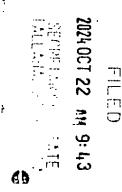
| (Requestor's Name)                      |
|---|
| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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### (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

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10/22/2024

Date:

|  |                               | Acc#I20160000072                         |   |  |  |
|--|-------------------------------|--|---|--|--|
| Name:  | MPT of Melbourne-Steward, LLC |  |   |  |  |
| Document #:  |                               |  |   |  |  |
| Order #:   | 15932138                      |  |   |  |  |
| Certified Copy of Arts<br>& Amend:<br>Plain Copy:<br>Certificate of Good<br>Standing:<br>Certified Copy of |                               |  |   |  |  |
| Apostille/Notarial<br>Certification:   |                               | Country of Destination: Number of Certs: |   |  |  |
| Filing: 🚺  | Certified:<br>Plain:<br>COGS: |  | Email Address for Annual Report Notifications |  |  |
| Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#                                   | Amount:                       | \$ 55.00                                 |   |  |  |

Thank you!

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

### SECTION 1 (1-4 must be completed)

| 1. Name of limited liability Company as it appears  | on the records of the Florida De   | epartment of  |                  |
|---|--|---|------------------|
| State: MPT of Melbourne-Steward, LLC  |  |   | _                |
| Enter new principal office address, if applicable:  |  |   |                  |
| ( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )   |  |   | ין אסף ט         |
| Enter new mailing address, if applicable:  (Mailing address  MAY BE A POST OFFICE BOX)  |  |   | FILED            |
| HAT BE A TOST OF THEE BONY  |  | ·   |                  |
| 2. The Florida document number of this limited liab   | oility company is: M170000014  | 66 <u></u>  | <u>မှ</u><br>မှ  |
| 3. Jurisdiction of its organization: Delaware   |  |   | <del>_</del>     |
| 4. Date authorized to do business in Florida: 02/20.  |  |   |                  |
| SECTION II (5-9 complete only the applicable ch   | hanges)  |   |                  |
| 5. New name of the limited liability company: Spa (must o   | contain "Limited Liability Com   | C<br>ipany, " "L.L.C.," or "Ll                            | <del></del> ")   |
| (If name unavailable, enter alternate name adopted to<br>copy of the written consent of the managers or mana<br>must contain "Limited Liability Company," "L.L.C.   | aging members adopting the alt   | usiness in Florida and atta<br>ernate name. The alternat  | ach a<br>te name |
| 6. If amending the registered agent and/or registered registered agent and/or the new registered office add   | d officer address on our records<br>dress here:  | enter the name of the ne                                  | <u>:w</u>        |
| Name of New Registered Agent:   |  |   |                  |
| New Registered Office Address:  | Enter Florida  | Street Address  |                  |
|   | Linei I wi mu  | , Florida   |                  |
|   | City   | Zip Code  |                  |
| New Registered Agent's Signature, if changing Reg<br>I hereby accept the appointment as registered agent<br>the provisions of all statutes relative to the proper a<br>and accept the obligations of my position as registed<br>document is being filed to merely reflect a change in<br>liability company has been notified in writing of this | t and agree to act in this capaci<br>and complete performance of my<br>red agent as provided for in Ch<br>n the registered office address, | y duties, and I am familia<br>apter 605, F.S. Or, if this | ir with<br>s     |

If Changing Registered Agent, Signature of New Registered Agent

| . If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: |                                    |  |                |  |  |
|--|------------------------------------|--|----------------|--|--|
| itle/ Capacity   | Name                               | Address                                | Type of Action |  |  |
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| aforementioned an  | he law of which this entity is org | by the official having custody of reco | □Remo          |  |  |

Filing Fee: \$25.00

Delaware

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Page 1

I, JEFFREY W. BULLOCK, 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 "MPT OF MELBOURNE
STEWARD, LLC", CHANGING ITS NAME FROM "MPT OF MELBOURNE
STEWARD, LLC" TO "SPACE COAST PROPCO - MELBOURNE LLC", FILED IN

THIS OFFICE ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2024, AT

9:21 O'CLOCK A.M.



Jeffrey W. Bullech, Secretary of State

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:21 AM 10/21/2024
FILED 09:21 AM 10/21/2024
SR 20243993816 - File Number 6312775

# CERTIFICATE OF AMENDMENT TO THE CERTIFICATE OF FORMATION OF MPT OF MELBOURNE-STEWARD, LLC

(Name Change)

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 MPT of Melbourne-Steward, LLC.
- 2. The Certificate of Formation of the limited liability company is hereby amended by deleting the first section thereof and by substituting in lieu of said first section the following provision:
  - 1. The name of the limited liability company (the "Company") is:

Space Coast Propco-Melbourne, LLC

3. The amendment contained in this Certificate of Amendment shall be effective upon the filing of this Certificate of Amendment to the Certificate of Formation of the Company with the Delaware Secretary of State.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to the Certificate of Formation for and on behalf of the Company this the 18<sup>th</sup> day of October, 2024.

Allen B. Blow

Authorized Person