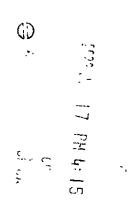
M17000004140

| (R | equestor's Name) | | | | | |
|---------------------------|------------------------|-------------|--|--|--|--|
| (A | ddress) | | | | | |
| (Ā: | ddress) | | | | | |
| (Cı | ity/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bu | usiness Entity Name) | | | | | |
| (Do | ocument Number) | | | | | |
| ' fed Copies | Certificates o | f Status | | | | |
| enal Instructions to Film | ng Officer | | | | | |
| J. HORNE JAN 18 2023 | | | | | | |
| | | | | | | |

Office Use Only



900400728619





CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

| ACCOUNT NO. : I20000000195 REFERENCE : 344555 5042714 AUTHORIZATION : TENERAL TO SELECTION TO |
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| COST LIMIT : \$ 25.00 ORDER DATE : January 11, 2023 ORDER TIME : 2:15 PM ORDER NO. : 344555-319 CUSTOMER NO: 5042714 CHANGE OF AGENT |
| COST LIMIT : \$ 25.00 ORDER DATE : January 11, 2023 ORDER TIME : 2:15 PM ORDER NO. : 344555-319 CUSTOMER NO: 5042714 CHANGE OF AGENT |
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| CHANGE OF AGENT |
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| |
| NAME: HTA-MIAMI DADE LAND, LLC |
| NAME: HTA-MIAMI DADE LAND, LLC |
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| |
| |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY |
| XX PLAIN STAMPED COPY |
| |
| CONTENT OF DEPOSIT THE STATE OF |
| CONTACT PERSON: Eyliena Baker |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. | Na | me of the limited liability company: | E LAN | D, LLC | | | _ | |
|----------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------|------------------------------------|
| | | 16435 North Scottsdale Road, Suite 320 | | | | | | |
| ۷. | (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | - \- | M | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | | Scottsdale, AZ 85254 | - - | | | | | |
| | | 06/02/2017 | | M17000004 | 14740 | | | |
| 3. | | Date of filing/registration in Florida | 4. | I | Document number | | | |
| < | (2) | C T Corporation System | | | | | | |
| 5. | (a) | Registered Agent and Registered Office shown on the records of the | ne Florida | Dept. of State | : | | | |
| | | 1200 South Pine Island Road | | | | 20 S | | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | • | ET! 2023 JAN 17 SECRETARY ALLAHASSI | | |
| | | Plantation , FL_ | 33324 | | | 17 AM ARY OF | | |
| | (b) | Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address: | dress: | | | 9: 37 | ** | |
| | | 1201 Hays Street | _ | | | | | |
| | | Tallahassee, FL_ | 32301 | | | | | |
| ch ag | ange ent v | imited liability company is not organized under the laws for changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liabore. | egistero oility co the lim imited l | mpany, it is ited liability iability com | hereby confirmed the company or as other pany. | hat the | hange | (s) |
| | | ill Cilmi | Jill —— | | Printed or typed name of | frience | | |
| I pr the to no | here ovisi e obl mer otified | | for in Cereby co rporation | in this capa ince of my d Thapter 605, infirm that the on Service (| city. I further agree uties, and I am Jam F.S. Or, if this doc he limited liability c | a to anim | ply wi h and d s being has b | th the accept g filed een |