

M19000001029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

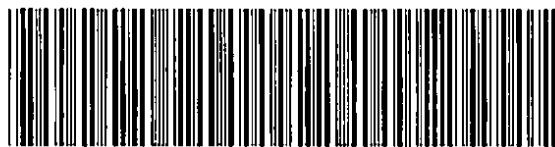
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900376920369

RECEIVED

2021 DEC 20 PM 3:04

FILED

2021 DEC 20 AM 9:56

CLERK OF STATE
TALLAHASSEE, FL

Y SULKER

DEC 21 2021

Incorporating Services, Ltd.

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



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

YULEE MEDICAL OFFICE BUILDING, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

YULEE 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,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

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: Yulee 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: M19000001029

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/29/2019

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

5. New name of the limited liability company: DOC-251 Breezeway St 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

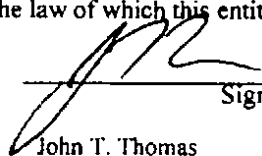
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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	Joseph J. Balistreri	839 N. Jefferson St., #600	<input type="checkbox"/> Add
		Milwaukee, WI 53202	<input checked="" type="checkbox"/> Remove
Manager	Mark Eisenmann	839 N. Jefferson St., #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

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'YULEE MEDICAL OFFICE BUILDING, LLC', FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO 'DOC-251 BREEZEWAY ST 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.



7251261 8320
SR# 20214157513

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

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.

Authentication: 205030991
Date: 12-20-21