# OP \$115.00 5860419

#### TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 ETAS ID: TM685760 Stylesheet Version v1.2

SUBMISSION TYPE: NEW ASSIGNMENT

NATURE OF CONVEYANCE: CHANGE OF NAME

#### **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Healthcare Real Estate Capital, LLC		04/23/2019	Limited Liability Company: FLORIDA

#### **RECEIVING PARTY DATA**

Name:	HRE Capital, LLC	
Street Address:	501 Palm Street, Suite C-5	
City:	West Palm Beach	
State/Country:	FLORIDA	
Postal Code: 33401		
Entity Type:	Limited Liability Company: FLORIDA	

#### **PROPERTY NUMBERS Total: 4**

Property Type	Number	Word Mark
Registration Number:	5860419	HRE CAPITAL
Registration Number:	4252947	HRE
Registration Number:	4278434	HRE CAPITAL
Registration Number:	4252942	HEALTHCARE REAL ESTATE CAPITAL

#### CORRESPONDENCE DATA

**Fax Number:** 3122076400

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent

using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

**Phone:** (312) 207-2803

**Email:** ipdocket-chi@reedsmith.com

**Correspondent Name:** Ethan Seery

Address Line 1: 10 South Wacker Drive, 40th Floor

Address Line 2: Reed Smith LLP

Address Line 4: Chicago, ILLINOIS 60606

NAME OF SUBMITTER:	Ethan Seery
SIGNATURE:	/Ethan Seery/
DATE SIGNED:	11/03/2021

**Total Attachments: 4** 

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### **COVER LETTER**

**Registration Section** 

Tallahassee, FL 32314

TO:

Divisi	on of Cor	porations	•	ي الله الله الله الله الله الله الله الل
н	ealthcare	Real Estate Capital, LLC		س خو سر بر بر ب
SUBJECT: _		Name of Lim	ited Liability Company	<del></del> ;
				F
The enclosed A	articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return al	ll correspo	ndence concerning this matter	to the following:	
		Hunter Beebe		
			Name of Person	
		HRE Capital, LLC		
			Firm/Company	
		501 Palm Street, Suite C-5		
			Address	
		West Palm Beach, Florida	33401	
		jwllc@bellsouth.net	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notif	ication)
For further infe	ormation c	oncerning this matter, please ca	all:	
Hunter Beebe			917 568-8556	
***	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a cl	heck for tl	ne following amount:		
■ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS:	STREET/COURING Registration Section	n
		on of Corporations ox 6327	Division of Corpora Clifton Building	ations

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2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Healthcare Real Estate Capital, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 06/13/2007	and assigned
Florida document number L07000062218		<u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
HRE Capital, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	501 Palm Street, Suite C-5	
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, Florida 33401	·
Enter new mailing address, if applicable:	501 Palm Street, Suite C-5	
(Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach, Florida 33401	
		<del></del>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ter the name of the 1
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:	<u>:</u>	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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

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•	If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person	being ado
	or removed from our records:	

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u>.</u>	
			Remove
		<del></del>	□ Remove
			☐ Change
			□ Remove
			Change
			Add
		<del></del>	☐ Remove
			Change
		<del></del>	
			Remove
			Change
		<del> </del>	
		<del></del>	Remove
			Change

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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the limits.	e date of filing:  st be specific and cannot be prior to date of filing or mo lock does not meet the applicable statutory filing Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 605.0207 (3 requirements, this date will not be listed as th
the record specifies a delaye ) The 90th day after the re	d effective date, but not an effective ti cord is filed.	me, at 12:01 a.m. on the earlier of:
Dated April 23	. 2019	
E Huder Broke	Signature of a member or authorized representative of	
	Signature of a member or authorized representative of	ot a member
Edmund H. Beebe		

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Filing Fee: \$25.00

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**RECORDED: 11/04/2021**