

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM685760

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		
<i>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.</i>			
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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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Healthcare Real Estate Capital, LLC

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

RECORDED
JUN 10 11 41 AM '07

The Articles of Organization for this Limited Liability Company were filed on 06/13/2007 and assigned
Florida document number L07000062218.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HRE Capital, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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

B. If amending the registered agent and/or registered office address on our records, enter the name of the 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

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 23, 2019

E. Hunter Beebe

Signature of a member or authorized representative of a member

Edmund H. Beebe

Typed or printed name of signee