

F22000001022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

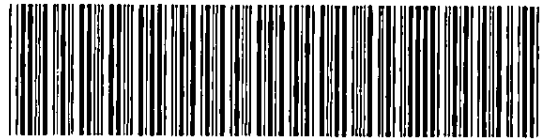
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200419949532

2024 JAN 10 PM 2:51  
STATE  
SECRET  
FL

2024 JAN 10 AM 11:35  
RECEIVED  
STATE  
SECRET  
FL

R. HUNT  
01/10/24



CSC - Tallahassee  
 1201 Hays Street  
 Tallahassee, FL 32301-2607  
 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
 From: Alexxis Weiland-Sorenson  
 Ext: 61592  
 Date: 01/10/24  
 Order #: 1386003-1  
 Re: Welltower Inc.  
 Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:  
 120000000195 Authorization:

Please take the following action:  
 File in your office on basis  
 Issue Proof of Filing

JAN 10 2024 PM 2:51  
 OFFICE OF THE STATE  
 CLERK, TALLAHASSEE, FL  
 ED

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: **Welltower Inc.**

Name of Corporation

DOCUMENT NUMBER: **F22000001022**

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Elizabeth Robishaw**

Name of Contact Person

**Welltower Inc.**

Firm/Company

**4500 Dorr Street**

Address

**Toledo, OH 43615**

City/State and Zip Code

**erobishaw@welltower.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Elizabeth Robishaw**

Name of Contact Person

at ( **419** ) **247-2800**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy
- \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2011 JUN 19 PM 2:51  
 STATE  
 TALLAHASSEE, FL  
 ED

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F22000001022  
\_\_\_\_\_  
(Document number of corporation (if known))

1. Welltower Inc.  
\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. Delaware  
\_\_\_\_\_  
(Incorporated under laws of)

3. 02.18.2022  
\_\_\_\_\_  
(Date authorized to do business in Florida)

**SECTION II**  
**~~-(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)-~~**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)  
  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.  
  
\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.  
  
\_\_\_\_\_  
(New jurisdiction)

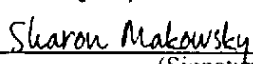
8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
  
\_\_\_\_\_

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:  
  
\_\_\_\_\_

2024 07 10 PM 2:51  
STATE  
SECRET, FL

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Sharon Makowsky	4500 Dorr Street	<input checked="" type="checkbox"/> Add
		Toledo, OH 43615	<input type="checkbox"/> Remove
VP	Russ Simon	4500 Dorr Street	<input checked="" type="checkbox"/> Add
		Toledo, OH 43615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

DocuSigned by:  
  
 9C980985884411 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Sharon Makowsky  
 \_\_\_\_\_  
 (Typed or printed name of person signing)

Vice President  
 \_\_\_\_\_  
 (Title of person signing)

FILING FEE \$35.00

2024. 11.10 PM 2:51  
 STATE OF FLORIDA  
 SECRETARY OF STATE  
 TALLAHASSEE, FL  
 ED