# L170 66664997

(Address)  (Address)  (City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
•					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special methodions to 1 ming officer.					

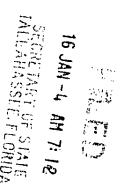




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SUFFICIENCY OF FILING

MANAGE OF THE STATE OF THE STAT



JAN 05 2016 J SHIVERS CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Filone: 650-556-1500						
ACCOUNT NO. : 12000000195						
REFERENCE : 940999 4302216						
AUTHORIZATION College						
COST LIMIT : \$ 55.00						
ORDER DATE : January 4, 2016						
ORDER TIME : 3:08 PM						
ORDER NO. : 940999-005						
CUSTOMER NO: 4302216						
DOMESTIC AMENDMENT FILING  NAME: XCELIENCE HOLDINGS, LLC						
EFFECTIVE DATE:						
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Courtney Williams EXT# 62935						

EXAMINER'S INITIALS:

## **COVER LETTER**

TO:	Registration Division of C				
SUBJ	ECT: Xcelience	e Holdings, LLC			
			Limited Liability Compan	у	
Limite			ee(s) are submitted to c r Business Entity" in a		
Please	e return all cor	respondence concernir	ng this matter to:		
John d	e Grandpre				
		Contact Person			
Capsug	gel Holdings US,	Inc.			
· · · -		Firm/Company			
412 M	t. Kemble Avenu	e, Suite 200C			
		Address			
Morris	town, NJ 07960				
		City, State and Zip Code			
	3.deGrandpre@ca	• •			
Е	-mail address: (to	be used for future annual	report notification)		
For fu	ırther informat	ion concerning this ma	atter, please call:		
Matthe	ew Rogers		at ( <sup>212</sup> ) <sup>455</sup>	-2465	
N	lame of Contact I	Person	Area Code and Day	rtime Telephone Number	
Enclo	sed is a check	for the following amou	unt:		
<b>□ \$</b> 25	.00 Filing Fee	☐ \$30.00 Filing Fee and Certificate of Status	□\$55.00 Filing Fee and Certified Copy	■ \$60.00 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS:			MAILING A	ADDRESS:	
Registration Section			Registration Section		
	ion of Corpora	tions		Division of Corporations P. O. Box 6327	
Clifton Building 2661 Executive Center Circle			Tallahassee, FL 32314		
Tallahassee, FL 32301			i ullullussee,	. = 2=211	

CR2E106 (07/14)

#### **Articles of Conversion**

For

## Florida Limited Liability Company

Into

### "Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:
Xcelience Holdings, LLC
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
Xcelience Holdings, LLC
Enter Name of "Converted or Other Business Entity"
3. The "Converted or Other Business Entity" is a limited liability company
general partnership, common law or business trust, etc.)
organized, formed or incorporated under the laws of the State of Delaware (Enter state or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
(Date of organization, formation or incorporation)
and the formation document is attached (if applicable).
4. The plan of conversion was approved by the converting Florida Limited Liability. Company in accordance with Chapter 605, F.S.
5. This conversion shall be effective in Florida on: January 4, 2016
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the

<u>Note:</u> 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.

laws governing the "Other Business Entity.")

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date of the conversion under the

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
  - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	5415 West Laurel Street					
	Tampa, Florida 33607					
Mailing Address:	5415 West Laurel Street					
J	Tampa, Florida 33607					
7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.						
Signed this4th	January day of	<sub>, 20</sub> 16				
Signature:  Must be signed by a Member or Authorized Representative						
Printed Name: Derek	Hennecke A	authorized Representative				
Fees: Filing Fee: Certified Cop	\$25.00 y: \$30.00 (Option	al)				
	<b>(-1</b>					

Page 2 of 2

SECRETARY OF STAR