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(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.				

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK U	UP: <u>01/07/2022</u>
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
ХХ	FILING	CONVERSION
	BOCA CIEGA SNF OPERATIONS LLC	
_	(CORPORATE NAME AND DOCUMEN	NT #)
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COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT: Boca Ci	ega SNF Operations LLC			
	Name of Florida	Limited Liability Compar	ny	
The enclosed Articl Limited Liability C s.605.1045, F.S.	es of Conversion and f ompany" into an "Otho	ce(s) are submitted to r Business Entity" in a	convert a Florida accordance with	
Please return all con	respondence concernir	ng this matter to:		
Jennifer Hardy				
	Contact Person			
Ulmer & Berne LLP				
	Firm/Company			
1660 W 2nd Street Sui				
Cleveland. Ohio 44113	Address			
	City, State and Zip Code			
jhardy@ulmer.com				
• •	o be used for future annual	report notification)		
For further informa	tion concerning this ma	atter, please call:		
Jennifer Hardy		at (216) 583	-7402	
Name of Contact	Person	Area Code and Da	ytime Telephone Number	
Enclosed is a check	for the following amou	unt:		
■ \$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	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

CR2E106 (05/17)

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,

riorida Statutes.
1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:
Boca Ciega SNF Operations LLC
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
Boca Ciega SNF Operations LLC
Enter Name of "Converted or Other Business Entity"
3. The "Converted or Other Business Entity" is a
organized, formed or incorporated under the laws of
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: [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; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")
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.

- 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:	1209 Orange Stree	:t		_
	Wilmington Delaw	vare 19801		
Mailing Address:	1209 Orange Stree	ıt.		
Ü	Wilmington Delaw	vare 19801		
	he amount to which		d to pay any members hare entitled under ss. 605	
Signed this 6th	day of_	January	, 20	22
Signature: /s/ Danie			10	· · ·
	_	ed by a Member or Autl	·	
Printed Name: Dan	el Gottesman	Title: Autho	orized Representative	
	py: \$	525.00 530.00 (Optional) 55.00 (Optional)		

Page 2 of 2