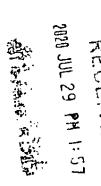
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## **COVER LETTER**

| TO:  | Registration S<br>Division of C |  |  |   |  |  |  |
|--|---------------------------------|--|--|---|--|--|--|
| SUBJ   | ECT: Elevate Se                 | enior Living, LLC                                  |  |   |  |  |  |
| Name of Florida Limited Liability Company  |                                 |  |  |   |  |  |  |
| Limite   |                                 | of Conversion and fe<br>npany" into an "Other      |  |   |  |  |  |
| Please   | return all corre                | spondence concerning                               | g this matter to:  |   |  |  |  |
| Christi  | ne M. Nuccio                    |  |  |   |  |  |  |
|  |                                 | Contact Person                                     |  |   |  |  |  |
| Armstr   | ong Teasdale LLP                |  |  |   |  |  |  |
|  |                                 | Firm/Company                                       |  |   |  |  |  |
| 7700 F   | orsyth Blvd., Suite             | : 1800   |  |   |  |  |  |
|  |                                 | Address  |  |   |  |  |  |
| St. Lou  | iis, MO 63105                   |  |  |   |  |  |  |
|  | C                               | ty, State and Zip Code                             |  |   |  |  |  |
| cnuccio  | o@atllp.com                     |  |  |   |  |  |  |
|  |                                 | ne used for future annual re                       | port notification)   |   |  |  |  |
|  | ·                               | on concerning this mat                             | •  |   |  |  |  |
| Christine M. Nuccio  |                                 |  | at (314 ) 25   | 59-4749   |  |  |  |
| N  | ame of Contact Pe               | rson   |  | aytime Telephone Number   |  |  |  |
| Enclosed is a check for the following amount:  |                                 |  |  |   |  |  |  |
| □ <b>\$</b> 25   | .00 Filing Fee                  | \$30.00 Filing Fee<br>and Certificate of<br>Status | ■\$55.00 Filing Fee<br>and Certified Copy  | ☐ \$60.00 Filing Fee,<br>Certified Copy, and<br>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)



1000 July 29 Mt 8:56

## 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.

| The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:  |
|--|
| Elevate Senior Living, LLC   |
| Enter Name of Florida Limited Liability Company  |
| 2. The name of the "Converted or Other Business Entity" is:  |
| Elevate Senior Living, LLC   |
| Enter Name of "Converted or Other Business Entity"   |
| 3. The "Converted or Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law o business trust, etc.)   |
| organized, formed or incorporated under the laws of  |
| 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:  July 29  CThe 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:  | 727 Addy Mist 1917e       |      |  |  |  |  |
|--|---------------------------|------|--|--|--|--|
|  | Saint Johns, FL 32259     |      |  |  |  |  |
| Mailing Address:   | 727 Abby Mist Drive       |      |  |  |  |  |
| ŭ  | Saint Johns, FL 32259     |      |  |  |  |  |
| 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 this28th  | day of                    | , 20 |  |  |  |  |
| Signature: Sure Autys  |                           |      |  |  |  |  |
| Printed Name: Bruce Heatgee Title: Manager   |                           |      |  |  |  |  |
|  |                           |      |  |  |  |  |
| Fees: Filing Fee:  | \$25.00                   |      |  |  |  |  |
| Certified Copy   | r: \$30.00 (Optional)     |      |  |  |  |  |
| Certificate of S   | Status: \$5.00 (Ontional) |      |  |  |  |  |

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