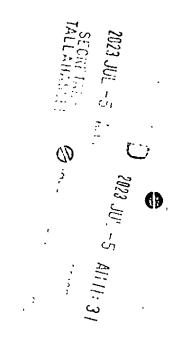
M90000345

(R	Requestor's Name)
(A	ddress)
(Α	ddress)
	No. 100 Ann. 17 in 17th ann. 18th
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
_	
(B	Business Entity Name)
,-	Zano,
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	lina Officer
Special indications to 1	
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	J. HORNE JUL - 6 2023
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 846707 7775081
AUTHORIZATION: Charles of the contract of the
COST LIMIT : \$ 25.00
ORDER DATE : June 29, 2023
ORDER TIME : 9:11 AM
ORDER NO. : 846107-060
CUSTOMER NO: 7775081
FOREIGN FILINGS
NAME: SUNRISE OF BOYNTON BEACH OPCO, LLC
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker EXT#

EXAMINER:

COVER LETTER

-		r Section Corporations				
SUBJECT:	Sunris	se of Boynton Beach OpCo,	LLC			
Name of Foreign Limited Liability Company					mpany	
Dear Sir or	Madam	:				
The enclose	d applic	eation, certificate and fee(s) are	submitted	for filing	<u>.</u>
Please retur	n all coi	respondence concerning th	nis ma	atter to the	e followi	ng:
	Elizabe	th Robishaw			_	
		Name of Person			_	
	Welltov	wer				
		Firm/Company			_	
	4500 [Dorr Street				
		Address			_	
	Toledo	o, OH 43615				
		City/State and Zip Cod	le		_	
	erobis	haw@welftower.com				
E-mail ad	ldress: (to be used for future annua	l repo	ort notifica	ation)	
For further i	informa	tion concerning this matter	, plea	se call:		
Elizabet	h Robis	shaw	at (419)	250-4620
•	Nan	ne of Person	_ `	Area Cod	e & Dayt	ime Telephone Number
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, Suit Tallahassee, FL 32303		ation Section in of Corporations intre of Tallahassee I. Monroe Street, Suite 810	
Encl □\$25 Filing		a check for the following \$\Boxed{\subset}\$\$ \$\$30 Filing Fee & Certificate of Status		unt: \$55 Filing Certified (☐ \$60 Filing Fee, Certificate of Status &
					1 -	Centified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Compa	,		s of the Florida [Department of	
State: Sunrise of Boynton Bear	ch OpCo, LLC				
Enter new principal office address,			treet, Toledo, Of	H 43615	
(<u>Principal office address</u> MUST BE A STREET ADDRESS)				SECRETAL -S
Enter new mailing address, if applie (Mailing address MAY BE A POST OFFICE BOX)		4500 Dorr S	treet, Toledo, Ol	H 43615	
2. The Florida document number of	this limited lia	ibility compan	v is: M19000000)345	
Jurisdiction of its organization:					
4. Date authorized to do business is		0/2019			
SECTION II (5-9 complete only t					
5. New name of the limited liability	y company: 10 (mus	0605 Jog Road t contain "Lim	d FL Opco LLC ited Liability Cor	npany. " "L.L.C	" or "LLC.")
(If name unavailable, enter alternate copy of the written consent of the must contain "Limited Liability Co	nanagers or mai	naging membe	rs adopting the al		
6. If amending the registered agent registered agent and/or the new registered agent agent and/or the new registered agent agent agent and/or the new registered agent			ess on our record	s, enter the name	of the new
Name of New Registered Agent:	Согрог	ation Service	Company		
New Registered Office Address:	1201 Hays Stre	et			
			Enter Florid	a Street Address	
	Tal	lahassee		Florida	:301
		•	City		Zip Code
New Registered Agent's Signature. I hereby accept the appointment as the provisions of all statutes relative and accept the obligations of my podocument is being filed to merely reliability company has been notified	registered ager e to the proper sition as regist effect a change in writing of th	nt and agree to and complete ered agent as p in the register	act in this capac performance of n provided for in C	ly duties, and I a hapter 605, F.S. I hereby confiri	m familiar with Or, if this n that the limited

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Ac
VP	Sharon Makowsky	4500 Dorr Street, Toledo, OH 43615	= A
			□Re
			□A
			□Re
			DA
			□Re
	· · · · · · · · · · · · · · · · · · ·		□A
			□Re
			
aforemention	nder the law of which this entity is o	d by the official having custody of records in th	□Re

Filing Fee: \$25.00

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SUNRISE OF BOYNTON

BEACH OPCO, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "10605 JOG ROAD FL OPCO LLC" ON THE THIRTIETH DAY OF

JUNE, A.D. 2023, AT 5:10 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF
THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JULY,
A.D. 2023 AT 12:02 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 203676340 Date: 07-03-23

6797836 8320 SR# 20232916297

COVER LETTER

TO: Registration Sec Division of Cor				
SUBJECT: Sunrise of	Boynton Beach OpCo, LL	.c		
· · · · · · · · · · · · · · · · · · ·	Name of Foreign	Limited Liab	oility Cor	mpany
Dear Sir or Madam:				
The enclosed application	on, certificate and fee(s) a	re submitted	for filing	
Please return all corresp	oondence concerning this	matter to the	followin	ıg:
Elizabeth R	Robishaw		_	
	Name of Person			
Welltower			_	
	Firm/Company			
4500 Dorr	Street		_	
	Address			
Toledo, Ol	H 43615		_	
•	City/State and Zip Code			
	/@welltower.com		 .	
E-mail address: (to be	e used for future annual r	eport notifica	ition)	
For further information	concerning this matter, p	lease call:		
Elizabeth Robishav	v	419 at (_)	250-4620
Name of	f Person	Area Code	& Dayti	ime Telephone Number
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 Tallahassee, FL 32303		ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810
	heck for the following at \$30 Filing Fee & E Certificate of Status	mount: □ \$55 Filing Certified C		☐ \$60 Filing Fee, Certificate of Status & Certified Copy