

m23000011150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

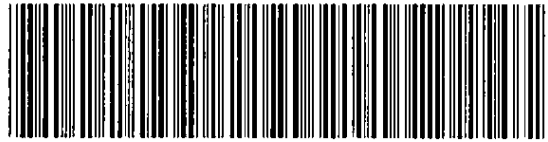
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600411025796

Lic Amend

FILED
2023 NOV 16 PM 12:24
CLERK OF COURT
JANUARY 16, 2023

RECEIVED
2023 NOV 16 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

NOV -17 2023



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: 11/16/23
Order #: 1319029-1
Re: 650 Reed Canal Road FL Owner LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
120000000195

Authorization:

A handwritten signature in black ink, appearing to read "Alexxis Weiland-Sorenson", is written over the word "Authorization".

Please take the following action:

File in your office on basis
Issue Proof of Filing

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: Registration Section
Division of Corporations

SUBJECT: 650 Reed Canal Road FL Owner LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Robishaw
Name of Person

Welltower
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:

Anna Crissman at (419) 321-1257
Name of Person Area Code & Daytime 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 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified 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 Company as it appears on the records of the Florida Department of

State: 650 Reed Canal Road FL Owner LLC

Enter new principal office address, if applicable:

4500 Dorr Street

Toledo, OH 43615

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

4500 Dorr Street

Toledo, OH 43615

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M23000011150

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 8/25/2023

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

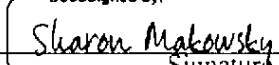
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Sharon Makowsky	4500 Dorr Street	<input checked="" type="checkbox"/> Add
		Toledo, OH 43615	<input type="checkbox"/> Remove
AP	Michael Garst	4500 Dorr Street	<input checked="" type="checkbox"/> Add
		Toledo, OH 43615	<input type="checkbox"/> Remove
AP	Joel Landau	885 Third Ave., Flr 29	<input type="checkbox"/> Add
		New York, NY 10022	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

DocuSigned by:

 Signature of the authorized representative
 Sharon Makowsky

 Typed or printed name of signee