DOC ID ----> 202214602978

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
05/26/2022	202214602978	Conversion Within SOS Records (CVS)	99.00	100.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

NATIONAL SERVICE INFORMATION, INC.
145 BAKER STREET
MARION, OH 43302

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose
656881

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

WELLTOWER OP LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
Conversion Within SOS Records	**202214602978**

Effective Date: 05/26/2022

CHANGE BUSINESS TYPE FOREIGN LLC

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of May, A.D. 2022.

Ohio Secretary of State

Form 700 Prescribed by:

Frank LaRose
Ohio Secretary of State

Telphone: 877.767.3453
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: $99

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) ☒ **Converting Within The Records of the Ohio Secretary of State**	(2) ☐ **Converting Off The Records of the Ohio Secretary of State** (187-VXX)

Name of the converting entity	WELLTOWER OP INC.
Jurisdiction of Formation	DELAWARE
Charter/Registration Number	656881

The converting entity is a:
(Check Only (1) One Box)

- ☐ Domestic Nonprofit Corporation
- ☐ Domestic For-Profit Corporation
- ☐ Foreign Nonprofit Corporation
- ☒ Foreign For-Profit Corporation
- ☐ Domestic Limited Liability Company
- ☐ Foreign Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity: Welltower OP LLC

Jurisdiction of Formation: Delaware

The converted entity is a:
(Check Only (1) One Box)

- ☐ Domestic For-Profit Corporation
- ☐ Domestic Professional Association

If Domestic For-Profit Corporation **OR** Domestic Professional Association, please indicate total number of shares:

- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Limited Liability Company
- ☒ Foreign Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

Effective Date **(Optional)**: MM/DD/YYYY **(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)**

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Welltower OP Inc
Name

4500 Dorr Street
Mailing Address

Toledo (City) | Ohio (State) | 43615 (Zip Code)

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City | OH (State) | ZIP Code

See instructions for additional filing requirements if
(1) the conversion creates a new domestic entity,
(2) the converted entity is a foreign entity that desires to transact business in Ohio; or
(3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by an authorized representative.

See Attached
Signature

By (if applicable)

Mary Ellen Pisanelli, Vice President
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

DOC ID ----> 202214602978

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by an authorized representative.

DocuSigned by:
Mary Ellen Pisanelli
40D556E3A0314EA...
Signature

By (if applicable)

Mary Ellen Pisanelli, Vice President
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

DOC ID ----> 202214602978

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

Welltower OP Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified (MM/DD/YYYY)
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215 * Only required for domestic for-profit corporations	

Agency	Date Notified (MM/DD/YYYY)
Ohio Job & Family Services Status and Liability Section Data Correspondence Control **Fax:** 614-752-4811 **Phone:** 614-466-2319 **Overnight Address:** P.O. Box 182413 Columbus, OH 43218-2413 **Regular Address:** P.O. Box 182413 Columbus, OH 43218-2413	05/19/2022

Agency	Date Notified (MM/DD/YYYY)
Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us * Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * **Note**: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.	05/19/2022

☒	The corporation is not required to pay or the department of taxation has not assessed any personal property tax.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature [signature] Title Vice President

Mary Ellen Pisanelli
Name

4500 Dorr Street
Mailing Address

Toledo | Ohio | 43615
City | State | ZIP Code

Seal

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 5/18/2022

AMANDA CHURCH
Notary Public, State of Ohio
My Commission Expires
January 24, 2026

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY) 1/24/24

DOC ID ----> 202214602978

AFFIDAVIT OF PERSONAL PROPERTY

State of Ohio

County of Lucas

Mary Ellen Pisanelli
Name of Officer

Vice President
Title of Officer

of

Welltower OP Inc.
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section 1701.95

That above-named corporation: (Check one (1) of the following)

☐ Has no personal property in any county in Ohio

☐ Is the type required to pay personal property taxes to state authorities only

☒ Has personal property in the following county (ies)

Butler
County

Clermont
County

Crawford
County

**See attached for additional counties.

Signature [signature] Title Vice President

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 05/18/2022

Seal

AMANDA CHURCH
Notary Public, State of Ohio
My Commission Expires
January 24, 2026

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY) 1/24/26

DOC ID ----> 202214602978

ATTACHMENT TO
OHIO AFFIDAVIT OF PERSONAL PROPERTY

Additional counties in which the corporation has personal property:

Cuyahoga County
Delaware County
Fairfield County
Fayette County
Franklin County
Geauga County
Greene County
Hamilton County
Hancock County
Highland County
Lake County
Lawrence County
Lorain County
Lucas County
Marion County
Medina County
Miami County
Montgomery County
Ross County
Stark County
Summit County
Union County
Washington County
Wood County

Form 617 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Registration of a Foreign Limited Liability Company

For a Foreign (Non-Ohio) Limited Liability Company

Filing Fee: $99

Form Must Be Typed

106-LFA

Name of Limited Liability Company in its jurisdiction of formation

Welltower OP LLC

Assumed Name, if the name above does not comply with section 1706.07 of the Revised Code

(Name must include one of the following words or abbreviations: "limited liability company", “limited”, "LLC", "L.L.C.", "ltd.", or "ltd".)

Jurisdiction of formation Delaware

The foreign limited liability company is a foreign limited liability company.

Optional: Effective Date (MM/DD/YYYY) Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a registration of a foreign limited liability company delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A registration of a foreign limited liability is effective as provided in Ohio Revised Code Section 1706.172(D).

If applicable, attach information required in section 1706.511(C) if the foreign limited liability company establishes or provides for the establishment of one or more series of assets.

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

Welltower OP LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

Corporation Service Company

(Name of Statutory Agent)

3366 Riverside Drive, Suite 103

(Mailing Address)

Upper Arlington | Ohio | 43221

(Mailing City) (Mailing State) (Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, Corporation Service Company , named herein as the

(Name of Statutory Agent)

Statutory agent for Welltower OP LLC

(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature Troy Todd, Asst. Secretary

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

/s/ Mary Ellen Pisanelli
Signature

By (if applicable)

Mary Ellen Pisanelli, Vice President
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name