

Secretary of State Business Programs Division

Business Entities 1500 11th Street, Sacramento, CA 95814 P.O. Box 944260, Sacramento, CA 94244-2600

Business Entities Submission Cover Sheet

For fastest service, file online at bizfileOnline.sos.ca.gov.

Instructions:

- Complete and include this form with your paper submission. This form will not be made part of the filed document.
- Make all checks or money orders payable to the Secretary of State.
- In-person submissions (excluding Statements of Information): \$15 special handling fee. Do not include a \$15 special handling fee when submitting documents by mail.
- All submissions are reviewed in the date order of receipt, with online submissions given priority.
 For updated processing time information, visit www.sos.ca.gov/business/be/processing-dates.
- To obtain a certified copy, include certification fees with your submission.

Note: All correspondence related to your submission will be sent to the name and address on your check or money order.

Contact Person (Please type or print legibly):

| First Name: | Last Name: | | | | | | | |
|--|------------|--|--|--|--|--|--|--|
| Phone Number: | Email: | | | | | | | |
| Entity Information (Please type or print legibly): | | | | | | | | |
| Entity Name: | | | | | | | | |
| Entity Number (if applicable): | | | | | | | | |
| Comments: | | | | | | | | |
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File#

2022 California Secretary of State



CONV-1A (REV 12/2022)

State of California Secretary of State

Certificate of Conversion

Fee: \$150.00 if a California corporation is the converting entity. \$30.00 for all

| oth | ner conversions. | This Space For Filing Use Only | | | | | | | |
|--|---|-------------------------------------|-------------------------|---|------------------------------|--------------------------|--|--|--|
| Converted Entity Information | | | | | | | | | |
| 1. | Name of Converted Entity | | | | | | | | |
| 2. | Form of Entity | | 3. Jurisdiction | on | | | | | |
| 4. | Mailing Address of Principal Office of Conv | rerted Entity (Complete only if co | onverting a Ca City | alifornia limited partnership | .) State | Zip Code | | | |
| 5. | Street Address of Principal Office of Conve company or a registered California genera | | ox (Complete City | only if converting a Califor | rnia limited l State | iability Zip Code | | | |
| 6. | Street Address of the California Principal C California general partnership.) | Office of Converted Entity, if any | - Do not list a City | P.O. Box (Complete only | if converting State CA | a registered Zip Code | | | |
| 7. | If the converting entity is a California corporation, limited liability company, limited partnership or general partnership, you must designate an agent for service of process: Item 7a: List the name of an individual or a corporation registered in CA under California Corporations Code section 1505 that agrees to be your agent for service of process. You may not list the converted entity as the agent. Item 7b: If the agent is an individual, list the agent's business or residential street address. Item 7c: If the agent is an individual, list the mailing address of the converted entity's agent. Do not list an address if the agent is a California registered corporate agent as the address for service of process is already on file. | | | | | | | | |
| | a. Name of Agent For Service of Process | | | | | | | | |
| | b. If an individual, Street Address of Agent | or Service of Process - Do not list | a P.O. Box | City | State | Zip Code | | | |
| | c. If an individual, Mailing Address of Agent | for Service of Process | | City | State | Zip Code | | | |
| Co | onverting Entity Information | | | | | | | | |
| 8. | Name of Converting Entity | | | | | | | | |
| 9. | Entity Type | 10. Jurisdiction | | 11. CA Secretary of Stat | e Entity Nun | nber, if any | | | |
| 12. | 2. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class: | | | | | | | | |
| | The class and number of outstanding interests entitled to vote. AND The percentage vote required of each class. | | | | | | | | |
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| | . Additional information set forth on the attac | thed pages, if any, is incorporate | ed herein by t | his reference and made pa | art of this ce | tificate. | | | |
| | I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge. I declare I am the person who executed this instrument, which execution is my act and deed. | | | | | | | | |
| | Date | | | | | | | | |
| Signature of Authorized Person Type | | | Type or Prir | pe or Print Name and Title of Authorized Person | | | | | |
| Signature of Authorized Person Type or Print Name and Title of Authorized Person | | | | | า | | | | |