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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEDZER HEALTH 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:

Valerie Barnhart, Esq.

Name of Person

Perera Barnhart

Firm/Company

12555 Orange Drive Second Floor

Address

Davie, FL 33330

City/State and Zip Code

valerie@pererabarnhart.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie Barnhart, Esq. at (786) 485-5232

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

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

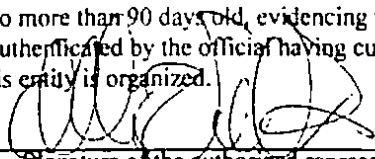
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Allan Valdes</u>	<u>1820 SW 13 ST.</u>	<input type="checkbox"/> Add
		<u>MIAMI, FL 33145</u>	<input checked="" type="checkbox"/> Remove
<u>P</u>	<u>Allan Valdes</u>	<u>PO Box 452436</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33245</u>	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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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.



Signature of the authorized representative

Allan Valdes

Typed or printed name of signee

Filing Fee: \$25.00