

F080000002404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

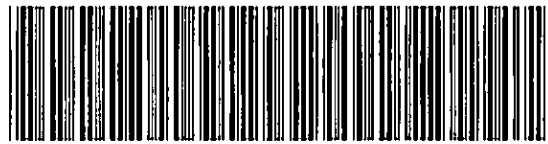
(Document Number)

Certified Copies _____ Certificates of Status _____

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01/12/21--01010--028 **35.00

FILED
2021 APR -8 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FL

4/128/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2021

STUART I. GROSSMNA
201 SOUTH BISCAYNE BLVD
22ND FLOOR
MIAMI, FL 33131

SUBJECT: MILLENNIUM HOLDINGS OF CALIFORNIA, INC.
Ref. Number: F08000002404

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 521A00005690

RECEIVED

2021 APR -8 PM 12:34

SECURITY
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Millennium Holdings of California, Inc.
Name of Corporation

DOCUMENT NUMBER: F08000002404

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stuart I. Grossman
Name of Contact Person

Levine Kellogg Lehman Schneider + Grossman LLP
Firm/Company

201 South Biscayne Blvd. 22nd Floor
Address

Miami, Florida 33131
City/State and Zip Code

SIG@LKlsg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stuart I. Grossman at (305) 403-2487
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |
|---|---|--|---|

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

FILED

SECTION I
(1-3 MUST BE COMPLETED)

2021 APR -8 AM 8:49

F08000002404

SECRETARY OF STATE
TALLAHASSEE, FL

(Document number of corporation (if known))

1. Millennium Holdings of California, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. California 3. 05/29/2008
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____ Florida _____
(City) (Zip Code)

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

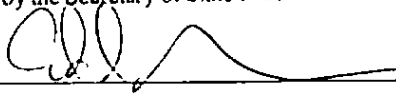
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/Capacity</u>	<u>Address</u>	<u>Type of Action</u>
D, S	Sarah Nilsen	95 North County Road <input type="checkbox"/> Add
	Palm Beach FL 33480	<input checked="" type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.



signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary by that fiduciary

EDWARD LEEVAN
(Typed or printed name of person signing)

DIRECTOR
(Title person signing)

FILING FEE \$35.00