

F19000003503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

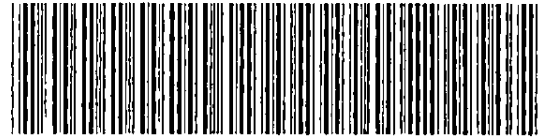
(Document Number)

Copies _____

Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



400405481884

Amend

FILED

2023 MAR 30 AM 8:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

APR - 6 2023

2023 MAR 30 PM 3:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

*02250, 00524, 00671

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 623628 8318253

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : March 30, 2023

ORDER TIME : 1:47 PM

ORDER NO. : 623628-010

CUSTOMER NO: 8318253

FOREIGN FILINGS

NAME: MODERN CLINICS INC.

XX ☐ CORPORATE
☐ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
XX ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2023

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301

SUBJECT: MODERN CLINICS INC.

Ref. Number: F19000003503

RESUBMIT
Please give original
submission date as file date.

We have received your document for MODERN CLINICS INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The form that you submitted is incorrect. It is for a foreign LLC and your entity is a foreign corporation. I have enclosed the correct form.

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.

Annette Ramsey
OPS

Letter Number: 823A00007405

RECEIVED
2023 APR -5 PM 4:03
TALLAHASSEE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Modern Clinics, Inc.

Name of Corporation

DOCUMENT NUMBER: F19000003503

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yury Yakubchuk

Name of Contact Person

Modern Clinics, Inc.

Firm/Company

6303 Blue Lagoon Drive, Suite 400

Address

Miami, FL 33126

City/State and Zip Code

legal@elemy.com

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

For further information concerning this matter, please call:

Yury Yakubchuk

at (415) 5280789

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$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

2023 MAR 30 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION I
(1-3 MUST BE COMPLETED)

F19000003503

(Document number of corporation (if known))

1. Modern Clinics, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 07/30/2019
(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>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Olexandr Kal'tsev	100 PARL AVE. APT. 3309	<input type="checkbox"/> Add
		FORT LEE, NJ 07024	<input checked="" type="checkbox"/> Remove
Treasurer	Benjamin Selzer	52 Park Avenue, Apt 10 Floor 12	<input type="checkbox"/> Add
		New York, NY 10016	<input checked="" type="checkbox"/> Remove
MBR	Yury Yakubchuk	270 Lafayette Street, Suite 200	<input checked="" type="checkbox"/> Add
		New York, NY 11225	<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 laws of which it is incorporated.

Yury Yakubchuk

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

Yury Yakubchuk

Member

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00