

F21 000000 1092

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000367887430

06/17/21--01316--004 ♦♦35.00

R. WHITE

AUG 10 2021

Aug 27 11:36



RECEIVED

2021 AUG 10 PM 1:44

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2021

SHAWN ZORICK  
PO BOX 5005, PMB 107  
RANCHO SANTA FE, CA 92067

SUBJECT: TONTZ ORTHO, A PROFESSIONAL CORPORATION  
Ref. Number: F21000001092

We have received your document for TONTZ ORTHO, A PROFESSIONAL CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The affidavit no longer meets the filing requirements for a foreign profit corp. Please see the enclosed information.

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.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 321A00017250

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** TONTZ ORTHO, A PROFESSIONAL CORPORATION

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F21000001092

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shawn Zorick

\_\_\_\_\_  
Name of Contact Person

Sollertis

\_\_\_\_\_  
Firm/Company

PO Box 5005, PMB 107

\_\_\_\_\_  
Address

Rancho Santa Fe, CA 92067

\_\_\_\_\_  
City/State and Zip Code

szorick@sollertis.com

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

For further information concerning this matter, please call:

Shawn Zorick

at ( 858 ) 699-6207

\_\_\_\_\_  
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.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

\_\_\_\_\_  
(Document number of corporation (if known))

1. TONTZ ORTHO, A PROFESSIONAL CORPORATION

\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. California

\_\_\_\_\_  
(Incorporated under laws of)

3. 2/18/21

\_\_\_\_\_  
(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.*

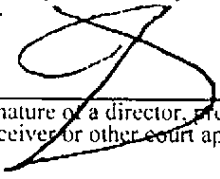
\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

REC-27 PM 3:26

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>
CPST	WILLIAM LOGAN TONTZ, JR	2575 South Ocean Blvd, Unit 212S	<input type="checkbox"/> Add
		Highland Beach, FL 33487	<input checked="" type="checkbox"/> Remove
CPST	WILLIAM L. TONTZ	2575 South Ocean Blvd, Unit 212S	<input checked="" type="checkbox"/> Add
		Highland Beach, FL 33487	<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 laws 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)

William L. Tontz

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35.00**