M14000004899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

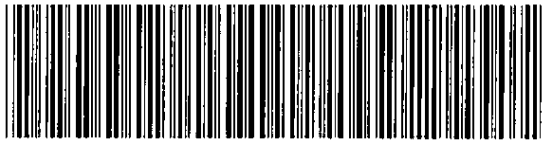
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 AUG 25 PM 12:40

T. HUNT
08/25/23

BLALOCK WALTERS
ATTORNEYS AT LAW
WE MAKE A DIFFERENCE

August 24, 2023

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*Via Federal Express*

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

RE: Applications by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida

Dear Sir or Madam:

Enclosed please find the original and one copy of Applications by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida for KF Anesthesia, LLC and FMFL Anesthesia, LLC together with our firm check in the amount of $50.00 for the filing fees. I have also enclosed self-addressed, postage paid envelopes for your use.

If you have any questions or need assistance please contact me at 941.749.6931.

Sincerely,

Sarah Orendorff | FRP

Enclosures

sorendorff@blalockwalters.com

3957817v1

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** KF Anesthesia, 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:

Sarah Orendorff
Name of Person

Blalock Walters, P.A.
Firm/Company

2 N. Tamiami Trail, Suite 400
Address

Sarasota, FL 34236
City/State and Zip Code

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

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For further information concerning this matter, please call:

Sarah Orendorff at (941) 749-6931
Name of Person Area Code & Daytime Telephone Number

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

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

**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

CR2E055 (9/15)

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: KF Anesthesia, LLC

Enter new principal office address, if applicable: 3414 Peachtree Road N.E.
Suite 340
Atlanta, GA 30326

***(Principal office address MUST BE A STREET ADDRESS)***

Enter new mailing address, if applicable: 3414 Peachtree Road N.E.
Suite 340
Atlanta, GA 30326

***(Mailing address MAY BE A POST OFFICE BOX)***

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2. The Florida document number of this limited liability company is: M14000004899

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: 07/10/2014

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

_____
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: InCorp Services, Inc.

New Registered Office Address: 3458 Lakeshore Drive
*Enter Florida Street Address*

Tallahassee, **Florida** 32312
*City* *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Heather Glenn
If Changing Registered Agent, Signature of New Registered Agent
Heather Glenn on behalf of InCorp Services, Inc.

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:

_____

| Title/ Capacity | Name | Address | Type of Action |
|---|---|---|---|
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |

2023 AUG 25 PM 12:40

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.

Sarah Orendorff

_____
Signature of the authorized representative

Sarah Orendorff

_____
Typed or printed name of signee

**Filing Fee: $25.00**