

M1400000 7399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

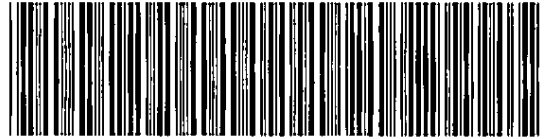
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2019 NOV 15 AM 8:26
TALLAHASSEE, FL 32301

Y SULKER
DEC 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CROWN MEDICAL LLC**
Name of Foreign Limited Liability Company

Date: Six or Month.

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOMINIC J. SALZANO

Name of Person

CROWN MEDICAL LLC

Firm/Company

16900 NORTH BAY ROAD # 2501

Address

SUNNY ISLES BEACH, FL 33160

City/State and Zip Code

DSALZANO@CROWNMEDICALGROUP.COM

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

For further information concerning this matter, please call:

DOMINIC J. SALZANO

Name of Person

at (**786**) **271-7300**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Edison Building
2061 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

FD-200 (Rev. 11-83)

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)

Name of limited liability company as it appears on the records of the Florida Department of

State: CROWN MEDICAL LLC

Enter new principal office address, if applicable:

16900 NORTH BAY ROAD UNIT 2501

Enter new principal office address

SUNNY ISLES BEACH

MUST BE A STREET ADDRESS

FL 33160

Enter new mailing address, if applicable:

16900 NORTH BAY ROAD UNIT 2501

Mailing address

SUNNY ISLES BEACH

MAY BE A POST OFFICE BOX

FL 33160

2. The Florida document number of this limited liability company is: M14000007399

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 10/13/2014

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

5. New name of the limited liability company:

(must contain "Limited Liability Company," "LLC," or "LLP")

(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," "LLC," or "LLP")

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

Name of New Registered Agent: DOMINIC J. SALZANO

New Registered Office Address: 16900 NORTH BAY ROAD UNIT 2501

Enter Florida Street Address:

SUNNY ISLES BEACH

Florida 33160

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 603, F.S. On this agreement is hereby 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.

If Changing Registered Agent, Signature of New Registered Agent:

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TALLAHASSEE, FL 32304
SECRETARY OF STATE

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

8. If the amendment changes person, title or capacity in accordance with 605.0002 (1)(c), indicate that change:

Date/Effects	Name	Address	Type of Action
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RA	JOHN W BOYER	3300 PGA BLVD	☐ Add
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		SUITE 625	☒ Remove
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		PBG, FL 33410	☐ Add
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			☐ Remove
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RA	DOMINIC J. SALZANO	16900 NORTH BAY RD # 2501	☒ Add
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		SUNNY ISLES BEACH	☐ Remove
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		FL 33160	☐ Add
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			☐ Remove
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			☐ Remove
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9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendments, 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

DOMINIC J. SALZANO

Typed or printed name of Signer

Filing Fee: \$25.00