M14000007399

(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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TALLAHASSEE, FLORIDA

Y SULKER

DEC 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CROWN MEDICAL 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:

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:

DOMINC J. SALZANO at (786) 271-7300
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 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:

- [x] $25 Filing Fee
- [ ] $30 Filing Fee & Certificate of Status
- [ ] $55 Filing Fee & Certified Copy
- [ ] $60 Filing Fee, Certificate of Status & Certified Copy

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
SUNNY ISLES BEACH
FL 33160
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 16900 NORTH BAY ROAD UNIT 2501
SUNNY ISLES BEACH
FL 33160
(Mailing address MAY BE A POST OFFICE BOX)

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," "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: 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 605, F.S. Or, if this statement is to be 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, FLORIDA

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

8. If the amendment changes person, title or capacity in accordance with s605.0902 (1)(a), indicate that change:

Title / Capacity	Name	Address	Type of Action
RA	JOHN W BOYER	3300 PGA BLVD	☐ Add
		SUITE 625	■ Remove
		PBG, FL 33410	☐ Add
			☐ Remove
RA	DOMINIC J. SALZANO	16900 NORTH BAY RD # 2501	■ Add
		SUNNY ISLES BEACH	☐ Remove
		FL 33160	☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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.

Signature of the authorized representative

DOMINC J. SALZANO

Typed or printed name of Signee

Filing Fee: $25.00