M 15000000 998

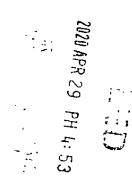
(Requestor's Name)	
(Requesions Manne)	₹
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	
(Dusiness Entity Ivain	le)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	

Office Use Only



200343148132

04/29/20--01011--016 **1125.00



O 81M 2113

MAY 1 2 2020

COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT: Intelident Solutions, LLC			
Name of Forei	gn Limited	Liability Co	mpany
Dear Sir or Madam:			
The enclosed application, certificate and fee(s) are submit	ted for filing	j.
Please return all correspondence concerning the	nis matter to	the following	ng:
Stephanie Bies			
Name of Person	·	<u> </u>	
Coast Dental			
Firm/Company			
5706 Benjamin Center Drive, Suite 103			
Address			
Tampa, FL 33634			
City/State and Zip Coo	de	_	
legalgroup@coastdental.com			
E-mail address: (to be used for future annua	al report not	ification)	
For further information concerning this matter	r, please cal	l:	
Stephanie Bies	at (288-63	289
Name of Person		Code & Dayt	time Telephone Number
Mailing Address:		Street A	
Registration Section			ation Section
Division of Corporations			on of Corporations
P.O. Box 6327			entre of Tallahassee
Tallahassee, FL 32314			I. Monroe Street, Suite 810 assee, FL 32303
Enclosed is a check for the following	•		
■\$25 Filing Fee □ \$30 Filing Fee &		ling Fee &	□ \$60 Filing Fee.
Certificate of Status	Certifi	ed Copy	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

2020 APR 29 FH 4: 53

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records	of the Florida l	Department of	
State: Intelident Solutions, LLC				
Enter new principal office address, if applicable:				
(<u>Principal office address</u> MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
2. The Florida document number of this limited lial	bility company	is: M15000000	998	
3. Jurisdiction of its organization: Delaware				
4. Date authorized to do business in Florida: $\frac{2/6/2}{1}$	015			
SECTION II (5-9 complete only the applicable c	changes)			
5. New name of the limited liability company: (must	contain "Limi	ed Liability Co	mpany, " "L.L.C	." or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	naging member	e of transacting s adopting the a	business in Florid Iternate name. Th	a and attach a e alternate nam
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad		ss on our record	ls, <u>enter the name</u>	of the new
Name of New Registered Agent:				
New Registered Office Address:		P El i	la Street Address	 ,
		EMET FIORIG		
			Florida 	Lip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:		te : I E mel	

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.

If the amend	ment changes person, title or capa	city in accordance with 605.0902 (1)(e). indic 2020 APR 29	PH 4: 53
tle/ Capacity	Name	Address	Type of Action
CFO Elizabeth Szeltner	Elizabeth Szeltner	5706 Benjamin Center Drive, Suit	e 103 □Add
		Tampa, FL 33634	≣Remo
			□Add
			□Remo
			□Add
			□Remo
			□Add
			□Remo
<u></u>			□Add
aforemention	inder the law of which this entity	cated by the official having custody of record	□Remo

.

Filing Fee: \$25.00