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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL XINC

Account Number : 110432003053

: (561)694-8107

Fax Number

: (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please,

Empil	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PREMIER MEDICAL BILLING FL, LLC

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Help

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)

3EC110((1-4 must be completed)			
Name of limited liability Company as it appears State: PREMIER MEDICAL BIL	•	nent of		·
Enter new principal office address, if applicable:	3881 South Nova Road	d		_
(Principal office address MUST BE A STREET ADDRESS)	Port Orange FL 32127			
Enter new mailing address, if applicable:	3881 South Nova Road	<u>d</u>		<u>+_</u> _
(Malline address MAY BE A POST OFFICE BOX)	Port Orange FL 32127			<u>ক</u>
				ສັງ
2. The Florida document number of this limited lia	bility company is: M16000002	2486	22.55 22.55 25.55	2
3. Jurisdiction of its organization: Delaware			E.F.S	
4. Date authorized to do business in Florida: 03/24/2016			25 E	_ဌာ
SECTION II (5-9 complete only the applicable of			<u></u>	
5. New name of the limited liability company:(must	contain "Limited Liability Company,	." "L.L.C.,	" or "LL	C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company." "L.L.C	aging members adopting the alternate	s in Florid name. The	and atta	ich a e name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad		the name	of the ner	<u>*</u>
Name of New Registered Agent: Kimberly				
New Registered Office Address: 3881 South	h Nova Road Enter Florida Stree	. 4 . 4 . 4		
Po	ort Orange		1.27	
<u>۔۔۔۔۔</u>	City	Z	ip Code	
New Registered Agent's Signature, if changing Rei I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change is liability company has been notified in writing of the	it and agree to act in this capacity. I fi and complete performance of my dutie ared agent as provided for in Chapter in the registered office address, I here is change.	es, and I an 605, F.S. C	n familiai Or, if this that the	r with limited

Citle/ Capacity	<u>Name</u>	Address	Type of Action
MBR	BANYAN HOLDINGS LLC	951 YAMATO ROAD, STE 160 □Add	
		BOCA RATON, FL	33431 Remove
MBR	Kimberly Greer	3881 South Nova	Road Madd
		Port Orange FL 3	2127 Remov
			
			Remove
			
		<u> </u>	Řémove
			Add 5
aforomentio	certificate, if required: no more than 90 and amendment(s), duly authenticated by under the law of which this entity is organized by Signature of	y the official having custody of records	ARY OF STATE ASSITE FLORIDA

Filing Fee: \$25.00