

Division of Corporations

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MIL000002486

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (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.****

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2016 APR 18 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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APR 19 2016

J. BRUCE

4/18/16, 10:31 AM

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: PREMIER MEDICAL BILLING FL, LLC

Enter new principal office address, if applicable:

1730 S. Federal Highway Suite 134

(Principal office address
MUST BE A STREET ADDRESS)

Delray Beach, FL 33483

Enter new mailing address, if applicable:

1730 S. Federal Highway Suite 134

(Mailing address
MAY BE A POST OFFICE BOX)

Delray Beach, FL 33483

2. The Florida document number of this limited liability company is: M16000002486

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/24/2016

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: Brandon Marton

New Registered Office Address: 1730 S. Federal Highway Suite 134

Enter Florida Street Address

Delray Beach

City

Florida 33483

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.

Kristine Roy, Attorney-in-Fact

If Changing Registered Agent, Signature of New Registered Agent

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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:

Remove Kimberly Greer as Member and replace with Brandon Marton as Member.

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>KIMBERLY GREER</u>	<u>3881 SOUTH NOVA ROAD</u>	<input type="checkbox"/> Add
		<u>PORT ORANGE, FL 32127</u>	<input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>Brandon Marton</u>	<u>1730 S. Federal Highway Suite 134</u>	<input checked="" type="checkbox"/> Add
		<u>Delray Beach, FL 33483</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2016 APR 18 A 10:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
☐ Remove
☐ Add
☐ Remove

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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

Brandon Marton, Member by: Kristine Roy, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00