# M1600003109

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| · · ·                                   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Business Linky Warre)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO:                                    |           |         | Section<br>Corporations      |              |   |                          |   |  |  |
|--|-----------|---------|------------------------------|--------------|---|--------------------------|---|--|--|
| SUBJE                                  | ECT:      | Coane a | ınd Associates, Pl           | LC, LLC      |   |                          |   |  |  |
|  |           |         | Nan                          | e of Foreign | Limited   | Liability Co             | ompany  |  |  |
| Dear S                                 | ir or Ma  | adam:   |                              |              |   |                          |   |  |  |
| The en                                 | closed a  | applic  | ation, certificat            | and fee(s)   | are submi   | tted for filin           | g.  |  |  |
| Please                                 | return a  | ll cor  | respondence co               | ncerning thi | s matter to   | o the follow             | ing:  |  |  |
| Bruce A                                | A. Coane  |         |                              |              |   |                          |   |  |  |
|  |           |         | Name of Pe                   | rson         |   |                          |   |  |  |
| Coane a                                | and Asso  | ciates, | PLLC                         |              |   |                          | 1   |  |  |
|  |           | •       | Firm/Comp                    | any          | <u> </u>  |                          |   |  |  |
| 1250 E.                                | . Halland | ale Bo  | ach Blvd., Suite P           | H-2          |   |                          |   |  |  |
|  |           |         | Address                      |              |   | <del></del>              |   |  |  |
| Halland                                | tale Beac | h, FL   | 33009                        |              |   |                          |   |  |  |
|  |           |         | City/State a                 | nd Zip Code  | :   |                          |   |  |  |
| ļ                                      | aru       | ce.     | come                         | agma         | il.co   | m                        |   |  |  |
| E-m                                    | ail addi  | ess: (  | to be used for fu            | iture annual | report no   | tification)              |   |  |  |
| For fur                                | rther inf | orma    | ion concerning               | this matter, | please ca   | <b>ii</b> :              |   |  |  |
| Bruce A                                | A. Coane  |         |                              |              | 305<br>at (   | ) 491-1                  | 199   |  |  |
|  |           | Nan     | ne of Person                 |              |   | Code & Day               | rtime Telephone Number                                      |  |  |
| Mailing Address: Registration Section  |           |         |                              | Regist       | Street Address: Registration Section Division of Corporations |                          |   |  |  |
| Division of Corporations P.O. Box 6327 |           |         |                              |              |   |                          | The Centre of Tallahassee                                   |  |  |
| Tallahassee, FL 32314                  |           |         |                              |              |   |                          | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303   |  |  |
| Ν <sup></sup> .                        | _         |         |                              |              |   | ा वा स्था                | uusee, t u sesus  |  |  |
| ر<br>ا                                 |           |         | a check for the              | -            |   |                          | □ #44 P*** - 5  |  |  |
| <b>□\$2</b> 5                          | Filing I  | -ee,    | ☐ \$30 Filing<br>Certificate |              |   | iling Fee &<br>fied Copy | ☐ \$60 Filing Fee,  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

### SECTION I (1-4 must be completed)

| State: Coane and Associates, Pl   |  |   |  | <u> </u>  |  |  |  |
|---|--|---|--|---|--|--|--|
| Enter new principal office address, if applicable:  |  | 1250 E. Hallandale Beach Blvd., Suite PH-2                                    |  |   |  |  |  |
| ( <u>Principal office address</u><br>MUST BE A STREET ADDRESS   | ۲)   | Hallandale Beach, FL 33009  |  | 20:   |  |  |  |
|   | 9  |   |  | <u>.                                    </u>                    |  |  |  |
| Enter new mailing address, if apple   | icable:  | 5177 Richmond   | Ave., Suite 770                        |   |  |  |  |
| ( <u>Mailing address</u><br>MAY BE A POST OFFICE BOX  |  | Houston, TX 7   | 056                                    | <u> </u>  |  |  |  |
|   |  |   |  | 80  |  |  |  |
| 2. The Florida document number of   | of this limited li   | ability company   | is: M1600000310                        | )9  |  |  |  |
| 3. Jurisdiction of its organization:  | pe TX  |   |  |   |  |  |  |
| 4. Date authorized to do business   | in Florida: 04/1   | 2/2016  |  |   |  |  |  |
| SECTION II (5-9 complete only   | the applicable   | changes)  |  |   |  |  |  |
| 5. New name of the limited liabili  | ty company:<br>(mus  | st contain "Limit   | ed Liability Com                       | pany, ""L.L.C.," or "LLC.")                                     |  |  |  |
| (If name unavailable, enter alterna copy of the written consent of the must contain "Limited Liability Co   | managers or ma   | maging member   | of transacting by<br>adopting the alto | usiness in Florida and attach a ernate name. The alternate nam  |  |  |  |
| 6. If amending the registered agent<br>registered agent and/or the new re-  |  |   | s on our records,                      | enter the name of the new                                       |  |  |  |
| Name of New Registered Agent:   | Jurgen Negron  |   |  |   |  |  |  |
| New Registered Office Address:  | 1250 Hallandale Beach Blvd., Suite PH-2                                      |   |  |   |  |  |  |
|   | Uo   | llandale Beach  | Enter Florida                          | Street Address  |  |  |  |
|   |  |   | ity                                    | , Florida <u></u>   |  |  |  |
| New Registered Agent's Signature I hereby accept the appointment a the provisions of all statutes relati and accept the obligations of my p document is being filed to merely t liability company has been notified | s registered age<br>ve to the proper<br>osition as regis<br>reflect a change | ent and agree to<br>r and complete p<br>tered agent as p<br>in the registered | erformance of my<br>ovided for in Ch   | y duties, and I am familiar with<br>apter 605, F.S. Or, if this |  |  |  |



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 24, 2023

BRUCE A COANE 1250 E HALLANDALE BOULEVARD STE PH-2 HALLANDALE BCH, FL 33009 US

SUBJECT: COANE AND ASSOCIATES, PLLC, LLC.

Ref. Number: M16000003109

We have received your document for COANE AND ASSOCIATES, PLLC, LLC, and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a florida limited liability company, but your entity is a foreign limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 823A00011962

\* New form is attached!