

M17 0000 00134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

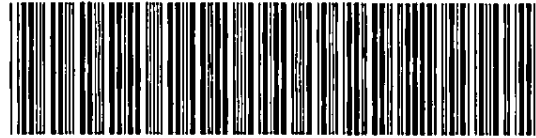
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 DEC 11 AM 11:47  
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Tallahassee, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Professional Service Partners, 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:

Walter H. Messick, Esq.

Name of Person

Galvan Messick, PLLC

Firm/Company

951 Yamato Road, Suite 250

Address

Boca Raton, FL 33431

City/State and Zip Code

MessickW@GalvanMessick.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Walter H. Messick, Esq. at ( 561 ) 994-5956 ext. 224

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:

☒ \$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)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: PROFESSIONAL SERVICE PARTNERS, LLC

Enter new principal office address, if applicable: 1507 LYONS ROAD

COCONUT CREEK, FL 33063  
*(Principal office address)*  
*MUST BE A STREET ADDRESS*

Enter new mailing address, if applicable:

1507 LYONS ROAD  
COCONUT CREEK, FL 33063  
*(Mailing address)*  
*MAY BE A POST OFFICE BOX*

2. The Florida document number of this limited liability company is: M17000000134

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/05/2017

**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: Galvan Messick, PLLC

New Registered Office Address: 951 Yamato Road, Suite 250

*Enter Florida Street Address*

Boca Raton, Florida 33431

*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 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.*

*Galvan Messick*, MANAGER

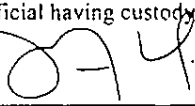
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Edward B. Poller, DDS	17800 Key Vista Way	<input type="checkbox"/> Add
		Boca Raton, FL 33431	<input checked="" type="checkbox"/> Remove
MGR	JOSE ALBERTO, DDS	1507 LYONS ROAD	<input checked="" type="checkbox"/> Add
		COCONUT CREEK, FL 33063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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

Jose Alberto, DDS

Typed or printed name of signee

Filing Fee: \$25.00