

M1900000 4978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

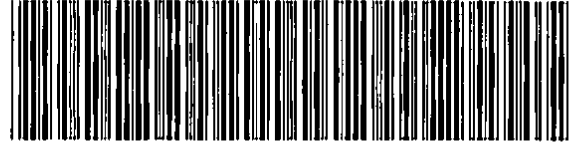
(Document Number)

Certified Copies _____ Certificates of Status _____

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CONFIDENTIAL TO REQUESTOR

FILED
19 AUG - 1 PM 2:46
TALLAHASSEE, FLORIDA

AUG 07 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2019

PHILLIP CHESSON
NAHA HEALTH LLC
2260 5TH AVENUE S STE 9
ST PETERSBURG, FL 33712

SUBJECT: NAHA HEALTH LLC
Ref. Number: M19000004978

We have received your document for NAHA HEALTH 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, but your entity is a FOREIGN. 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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 019A00014800

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAHA HEALTH 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:

Phillip Chesson as Mgr of Nahakama LLC

Name of Person

NAHA HEALTH LLC

Firm/Company

2260 5th Ave S, Suite 9

Address

St Petersburg, FL 33712

City/State and Zip Code

pchesson@nahakama.com

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

For further information concerning this matter, please call:

Phil Chesson

Name of Person

at (727) 744-3999

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

CR2E055 (9/15)

RECEIVED

2

AUG 01 2019

**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: NAHA HEALTH LLC

Enter new principal office address, if applicable: _____

(Principal office address
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 liability company is: M19000004978

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: May 13, 2019

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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGRM	NAHAKAMA GROUP LLC	2260 5th Ave S, Suite 9	<input type="checkbox"/> Add
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St Petersburg, FL 33712 ☐ Remove

MGRM	NAHAKAMA LLC	2260 5th Ave S, Suite 9	<input type="checkbox"/> Add
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St Petersburg, FL 33712 ☐ Remove

☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ 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

Philip Chesson as Mgr. of NahaKuma LLC
Typed or printed name of signee

Filing Fee: \$25.00