# MP 000005276

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	ocument Number)	·	
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
		5/20/21 Tm	

Office Use Only



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21 MAR 31 PM 12: 15

### COVER LETŢER

TO:	-	stration S sion of C	Section orporations				
SUBJE	CT	NEW BI	GINNINGS FOR COMFORT?	ABLE LIVING	i, LLC		
50051	<i>.</i>		Name of Foreign Limited Liability Company				
Dear S	ir or N	dađam:					
The en	closec	l applica	tion, certificate and fee(s) a	e submitted	for filing.		
Please	return	all corr	espondence concerning this	matter to the	: following	y. ?	
CHERI	HARF	RIS					
<del></del>			Name of Person		_		
HARRI	S LEG	AL SER	VICES				
			Firm/Company				
301 KE	TTH S	TREET. S	SW STE #105				
		<u>-</u>	Address				
CLEVI	ELANI	), TN 373	41				
	•	-	City/State and Zip Code				
			@GMAIL.COM		<del></del> ,		
E-m	ail ad	dress: (t	o be used for future annual i	eport notific	ation)		
For fu	rther i	nformati	ion concerning this matter, p	olease call:			
CHERI	HARI	RIS		423 at (		50	
		Nam	e of Person	Area Cod	le & Dayti	me Telephone Number	
		ing Addr	ess: Section		Street Ad	<u>Idress:</u> ntion Section	
			Corporations		~	n of Corporations	
		Box 63	-			ntre of Tallahassee	
	Tall	ahassee.	. FL 32314		2415 N.	. Monroe Street, Suite 810	
					Tallaha	ssee, FL 32303	
	Enc	losed is	a check for the following a			_	
<b>■</b> \$25	Filing	g Fee	_	□ \$55 Filing	-	☐ \$60 Filing Fee.	
			Certificate of Status	Certified	Сору	Certificate of Status &	

## 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)

Name of limited liability Company as it appear     NEW OPENINGS FOR COMPORT A		ment of 21 HAR 31			
State: NEW BEGINNINGS FOR COMFORTAL	7901 4th St. N. Ste 300				
Enter new principal office address, if applicable:  (Principal office address MISTRE A STREET ADDRESS)	7901 4th St. N. Ste 300 St. Petersburg, Fl. 33702				
MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable.  (Mailing address MAY BE A POST OFFICE BOX)	7901 4th St. N. Ste 300 St. Petersburg, FL 33702				
2. The Florida document number of this limited li	ability company is: M19000005276				
3. Jurisdiction of its organization: Wyoming					
4. Date authorized to do business in Florida: $\frac{5/7t}{2}$	2019				
SECTION II (5-9 complete only the applicable	changes)				
5. New name of the limited liability company: (mu	st contain "Limited Liability Company	v. " "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.	anaging members adopting the alternat	ess in Florida and attach a te name. The alternate name			
6. If amending the registered agent and/or registered agent and/or the new registered office a		er the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida Stre	vet Address			
	Florida				
<del></del>	City	Florida Zip Code			
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the prope and accept the obligations of my position as regis document is being filed to merely reflect a chang- liability company has been notified in writing of	ent and agree to act in this capacity. I ir and complete performance of my dut stered agent as provided for in Chapte in the registered office address. I her	vies, and I am familiar with — or 605, F.S. Or, if this			

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  Wyoming  3VISION OF CONCOLUMNICA  8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:  21 HAR 31 PH 12: 15						
Mgr	Neal B. Finkelstein	3092 Watson Court	DAdd			
		Jacksonville, FL 32257	<b>≣</b> Remove			
Mgr	Cynthia L. Finkelstin	3092 Watson Court	□Add			
		Jacksonville, Ft. 32257	<b>=</b> Remove			
AR	Cheri Harris	7901 4th St. N, Ste 300	<b>=</b> Add			
		St. Petersburg, F1, 33702	□Remove			
			□Add			
			ERemove			
			DAdd			
aforementio	under the law of which this enfity Sign Cheri Harris, Authoriz	caled by the official having custody of records in the is organized.  Substituting the authorized representative.	ERemove			

Filing Fee: \$25.00

## STATE OF WYOMING Office of the Secretary of State

I. EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that

#### New Beginnings For Comfortable Living, LLC

an entity originally organized under the laws of **Nevada** on **February 26**, **2019** did on **February 24**, **2021** apply for a Certificate of Organization and filed Articles of Domestication in the office of the Secretary of State of Wyoming. This entity has been assigned entity identification number **2021-000983551**.

I FURTHER CERTIFY that this limited liability company has renounced its state or country of organization, and is now organized under the laws of the State of Wyoming and is in good standing as of the date of this certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 25th day of February, 2021 at 9:34 PM. This certificate is assigned ID Number 042601621.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.