M1900000 5312

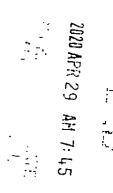
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section

Divis	sion of (Corporations				
SUBJECT:	Coast E	Dental Management Gladiolus	LLC			
Name of Foreign Limited Liability Company						
Dear Sir or M	√adam:					
The enclosed	l applica	ation, certificate and fee(s	are submitted	I for filing	<u>.</u> .	
Please return	all con	respondence concerning th	his matter to th	e followir	ng:	
Stephanie Bie	s					
		Name of Person				
Coast Dental						
		Firm/Company				
5706 Benjami	n Center	Drive, Suite 103				
		Address		_		
Tampa, FL 33	634					
		City/State and Zip Coo	de	<u> </u>		
legalgroup@c	oastdent	al.com				
E-mail add	dress: (t	o be used for future annua	al report notific	cation)		
For further is	aformat	ion concerning this matter	r. please call:			
Stephanie Bie			at (288-62	289	
	Nam	ne of Person	Area Coo	le & Dayt	ime Telephone Number	
Maili	ng Addr	ress:		Street A	ddress:	
Regi	stration	Section			ation Section	
		Corporations			on of Corporations	
	Box 63				ntre of Tallahassee	
Talla	thassee.	. FL 32314			Monroe Street, Suite 810 Issee, FL 32303	
Encl	osed is	a check for the following	g amount:			
■\$25 Filing		□ \$30 Filing Fee &	☐ \$55 Filing	g Fee &	☐ \$60 Filing Fee.	
C		Certificate of Status	Certified	_	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

2020 APR 29 AH 7: 45

SECTION I (1-4 must be completed)
Name of limited liability Company as it appears on the records of the Florida Department of Coast Double Management Cladialus, LLC
State: Coast Dental Management Gladiolus, 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: M19000005312
3. Jurisdiction of its organization: Delaware .
4. Date authorized to do business in Florida: 5/30/2019
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 "L.L.C.,")
(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, 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

s. If the amend	ment changes person, title or capacity	in accordance with 605,0902 (1)(e), indicate that cl 2020 APR 29 APF 7: 45	nange:
Fitle/ Capacity	Name	<u>Addréss</u> T	ype of Action
CFO	Elizabeth Szeltner	5706 Benjamin Center Drive, Suite 103	□Add
		Tampa, FL 33634	■Remov
			□Add
		 	□Remov
			□Add
			□Remov
			_ □Add
			□Remov
 			□Add
aforemention	inder the law of which this entity is o	d w the official having custody of records in the	_ □Remov

Filing Fee: \$25.00