

M19000 008 136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

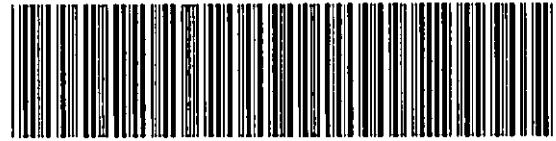
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900337299499

11/22/13--01013--006 \*\$25.00

FILED  
2015 NOV 22 PM 9 46

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HEALTHCARE & WELLNESS CLINICS OF AMERICA, 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:

**SHAHEED KHAN**

Name of Person

**HEALTHCARE & WELLNESS CLINICS OF AMERICA, LLC**

Firm/Company

**9600 W. SAMPLE RD. STE 100**

Address

**CORAL SPRINGS, FL 33065**

City/State and Zip Code

**SKHAN@CHAIMD.COM**

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

For further information concerning this matter, please call:

**SHAHEED KHAN**

Name of Person

at **954 654-1656**

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: HEALTHCARE & WELLNESS CLINICS OF AMERICAN, LLC

Enter new principal office address, if applicable: 9600 W. SAMPLE RD., STE 100

(Principal office address

MUST BE A STREET ADDRESS)

CORAL SPRINGS, FL 33065

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

9600 W. SAMPLE RD., STE 100

CORAL SPRINGS, FL 33065

2. The Florida document number of this limited liability company is: M19000008136

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 09/11/2019

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "LLC," 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," "LLC," 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

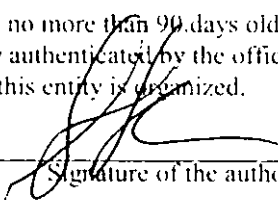
\_\_\_\_\_

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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  
**SHAHEED KHAN**  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**