M19000009159

(Requestor's Name)
(Address)
(Address)
· ,
(City/State/Zip/Phone #)
(Only/State/2.ph/ Hone #/
PICK-UP WAIT MAIL
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Y. SCOTT JUN - 3 2023

COVER LETTËR

	istration Section sion of Corporations		
SUBJECT:	Accelerated Dental Assisting Academ	y, LLC	
505011011	Name of Foreig	n Limited Liability Company	
Dear Sir or !	Madam:		
The enclosed	d application, certificate and fee(s)	are submitted for filing.	
Please return	n all correspondence concerning th	is matter to the following:	
Angie LeBlan	ac		2023 A
	Name of Person		APR 17
Accelerated D	Dental Assisting Academy		2023 APR 17 PM 3: 26 CLUMETAN COF STATE
	Firm/Company		3: 2: STAT E.FL
PO Box 1120			<u>пі</u> о
	Address		
Denham Sprir	ngs LA 70727		
	City/State and Zip Cod	e	
licensing@ada	aa.us		
E-mail ad	dress: (to be used for future annua	report notification)	
For further i	nformation concerning this matter,	please call:	
ANgie Leblan	_	225 480-0033 at ()	
	Name of Person	Area Code & Daytime Telep	phone Number
Regi Divi P.O.	ing Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810
Encl □\$25 Filing	losed is a check for the following g Fee \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & ☐ \$60 Certified Copy Cer	Filing Fee, tificate of Status & Certified Copy

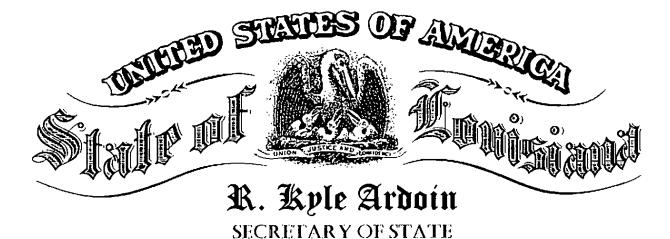
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appear State: Accelerated Dental Assisting Academy,	•	artment of		
State:	n/a			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	2023 APR 17 P		
2. The Florida document number of this limited lia	ability company is: M19000009159			
3. Jurisdiction of its organization: Louisiana		, , ,		
4. Date authorized to do business in Florida: $\frac{9/20}{2}$	/2019			
SECTION 11 (5-9 complete only the applicable				
5. New name of the limited liability company: (mus	Accelerated Academy, LLC st contain "Limited Liability Compa	any, ""L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	maging members adopting the alter	iness in Florida and attach a nate name. The alternate name		
6. If amending the registered agent and/or registered registered agent and/or the new registered office a		nter the name of the new		
Name of New Registered Agent: n/a				
New Registered Office Address: n/a	F., El: J. C	tunat tilliann		
	Enter Florida Street Address			
	City	_, Florida <u> </u>		
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity, and complete performance of my a tered agent as provided for in Chap in the registered office address, I h	luties, and I am familiar with open 605, F.S. Or, if this		

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: 1. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: 1. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: 1. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: 1. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: 1. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: 1. If the amendment changes person is the first person of the first					
itle/ Capacity	<u>Name</u>	Address	Type of Action		
			DAG		
	<u> </u>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
		CREA LA A A A	2023 APR 17 PH		
		F. C. STATE	P		
			□Ac		
			□Rc		
			DAG		
aforementioned ar	the law of which this entity is organ	the official having custody of records in	□Re		

Filing Fee: \$25.00



As Secretary of State, of the State of Louisiana, I do hereby Certify that

ACCELERATED ACADEMY, LLC

A limited liability company domiciled in DENHAM SPRINGS, LOUISIANA,

Filed charter and qualified to do business in this State on February 21, 2011,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

March 24, 2023

R 1L 162 Suretary of State

Web 40433797K



Certificate ID: 11706795#Q8Q83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov