11/28/23, 2:04 PM

**Division of Corporations** 

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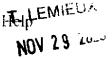
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To:

## 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 Com NIP CONCIERCE AND			a Department of	
State: VIP CONCIERGE AND	MEDICAL HOASPOR	TLEC		<del></del> -
Enter new principal office address	s, if applicable:			
( <u>Principal office address</u> <u>MUST BE A STREET ADDRES</u>				<del>_</del>
Enter new mailing address, if app ( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>				<del></del>
2. The Florida document number	of this limited liability of	company is: M2300000	11924	<del></del>
3. Jurisdiction of its organization				<del></del>
4. Date authorized to do business	in Florida: 02/13/2023			
SECTION II (5-9 complete only				
5. New name of the limited liabil	ity company:(must conta	in "Limited Liability C	Company, " "L.L.C.," or "LI	<u>.c.")</u>
(If name unavailable, enter alternations of the written consent of the must contain "Limited Liability C	managers or managing	members adopting the		
6. If amending the registered ager registered agent and/or the new re	gistered office address	er address on our reco here:	rds, enter the name of the ne	2: 04
Name of New Registered Agent:	CASEY LEE BAYNE	_		
New Registered Office Address:	1221 BRICKELL AVE		ida Street Address	
	MIAMI	Emer Pior	, Florida 33131	
		City	Zip Code	<del>,</del>
New Registered Agent's Signatur I hereby accept the appointment of the provisions of all statutes relat and accept the obligations of my pa document is being filed to merely liability company has been notifie	is registered agent and a live to the proper and ca position as registered ap reflect a change in the i	agree to act in this cap implete performance of gent as provided for in registered office addre nge.	f my duties, and I am familia Chapter 605, F.S. Or, if this	r with
	If Changin		ignature of New Registered	Agent

If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:						
Fitle/ Capacity	Name	Address T	vpe of Action			
MGR	ALPHONSO JOHNSON	789 HAMMOND DR.	□Add			
		ATLANTA, GA 30328	_ ≣Remov			
AMBR	CASEY LEE BAYNE	68200 E TWINBERRY LOOP	<b>=</b> Add			
		WELCHES, OR B97067	_ □Remov			
			DAdd			
			□Remov			
<del></del>			_ □Add			
			□Remove			
			_ □∧dd			
aforemention	certificate, if required: no more that ted amendment(s), duly authenticate ander the law of which this entity is	ed by the official having custody of records in the	_ □Remove			
•		chonso Johnson				
	Signatu	re of the authorized representative				
	ALPHONSO JOHNSON					
	Trade	r printed name of signce				