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(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer.							
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ		· · · · · · · · · · · · · · · · · · ·			
	Name of Limited Lia	ibility Company			
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the fe	ollowing:			
	Andrea Hanson				
	Name of Person				
^					
	Firm/Company	_			
8	133 Ronda Court	- 5 20			
	Address	77 C			
	Maples, FL 34109 City/State and Zip Code	- 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5			
•	clien chols 2109 mail. Co. E-mail address: (to be used for future annual report notific	TI.			
For fu	rther information concerning this matter, please call:				
A	name of Person at (23°	Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:					
	\$25 Filing Fee \$5	5 Filing Fee & Certified Copy			
INHS	8 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	ame of the limited liability company:	_Rul	on LLC	,	
	(a)	La . a Pulsa II C	1.0	una R		LLC
	(4)	Principal office address of limited liability company:	· /	Mailing address of lin	nited liability	y company:
		(Note: MUST BE STREET ADDRESS)	~	(Note: MAY BE P		
		29 Maduro St.	<u> </u>	9 Madi		
		Rancho Mission Vieto, CA 92694	<u> Par</u>	ncho Muss	197 Vil	ju, CA 92
		3/15/2021	L'	210001	22/7	24
3.		Date of filing/registration in Florida 4.		Document numb	er	
5.	(a)	Laura N. Rulum				
	,	Registered Agent and Registered Office shown on the records of the Florida	Dept. of State	- 3:		
			····	-		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS	<u> </u>			
		8123 8th Fer NW		- -	282	
		Bradenton, FL 34	209		130CT	· · ·
		A	•	- - - -		
	(b)	Andrea Hanson		- -	ഗ 	• • • •
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office ad-</u>	<u>dress</u> :	· · · · · · · · · · · · · · · · · · ·		,
		8133 Ronda Court		<u>. 1</u>		· 119-2
		NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	-	(1 1	
				-		
		Maples FL 3L	1109	-		
lf t	he li	imited liability company is not organized under the laws of the	State of Flo	orida, it is hereby	confirmed	that after the
cha	ange	or changes are made, the Florida street address of the registere will be identical. Or, in the case of a Florida limited liability co	ed office and	I the business off	ice of the r	registered
wa	s/we	ere authorized by an affirmative vote of the members of the lim	ited liability	y company or as o	o mat me i otherwise j	provided in
the	arti	cles of organization or the operating agreement of the limited 1 $\begin{pmatrix} 1 & 0 & k \end{pmatrix} \begin{pmatrix} 1 & 0 & k \end{pmatrix}$	iability com	oura R	2,(a	
	Signat	ture of a member or authorized representative of a member	اا	Printed or typed nar		<u> </u>
11	herel	by accept the appointment as registered agent and agree to act	in this capa	acity - I further ao	ree to con	aply with the
pro the	ovisi obl	ons of all stautes relative to the proper and complete performa igations of my position as registered agent as provided for in C ly reflect a change in the registered office address. I hereby co	unce of my a Chapter 605,	luties, and I am fa F.S. Or, if this a	ımiliar wii locument i	th and accept is being filed
to noi	mere tifted	ely reflect/a change in the registered office address, I hereby co I in w <u>riting</u> of this/change.	onfirm that t	he limited liabilit	y company	v has béen
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e:	mahi	en of Devictual of Autom				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00