

L15000038639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

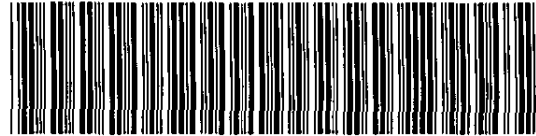
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K. SALY
EXAMINER

SEP 16 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 14, 2015

NICHOLS, DYMES & ASSOCIATES LLC
CYNTHIA NICHOLS, CPA
35788 STATE RD 54, STE. 101
ZEPHYRHILLS, FL 33541

SUBJECT: THE PULSE LLC
Ref. Number: L15000038639

We have received your document for THE PULSE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 415A00014684

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE PULSE LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CYNTHIA NICHOLS, CPA

Name of Person

NICHOLS, DYMES & ASSOCIATES LLC

Firm/Company

35788 STATE RD 54, SUITE 101

Address

ZEPHYRHILLS, FL 33541

City/State and Zip Code

nicholsdymes2014@gmail.com

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

For further information concerning this matter, please call:

CYNTHIA NICHOLS, CPA

Name of Person

at (813) 782-8680

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

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: THE PULSE LLC

2. (a) THE PULSE LLC (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

35788 STATE RD 54, SUITE 101

ZEPHYRHILLS, FL 33541

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

P O BOX 3088

ZEPHYRHILLS, FL 33539

03/03/2015

L15000038639

3. Date of filing/registration in Florida 4. Document number

5. (a) NICHOLS, DYMES & ASSOCIATES LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5537 GALL BLVD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ZEPHYRHILLS, FL 33542

(b) NICHOLS, DYMES & ASSOCIATES LLC

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

35788 STATE RD 54

NEW Registered Office Address:

SUITE 101

ZEPHYRHILLS, FL 33541

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Cynthia Nichols

Signature of a member or authorized representative of a member

Cynthia Nichols

Printed or typed name of signee

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.

Cynthia Nichols

Signature of Registered Agent

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TALLAHASSEE, FLORIDA