

L16000140868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

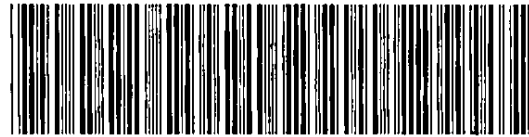
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

n BRUCE  
JUL 10 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PULSE HEALTH CARE ADVOCATES 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:

DIANE MACKAY  
Name of Person

PULSE HEALTH CARE ADVOCATES LLC  
Firm/Company

16416 US HWY 19 N #613  
Address

CLEARWATER FLA 33764  
City/State and Zip Code

MACKAY121@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANE MACKAY at ( 727 ) 288-5901  
Name of Person 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

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TALLAHASSEE, FLORIDA

**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: PULSE HEALTH CARE ADVOCATES LLC
2. (a) 16416 US HWY 19 N (b) 16416 US HWY 19 N  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- #613 #613  
CLEARWATER, FLA 33764 LLWR, FLA 33764
3. JULY 27, 2016 4. L16000140868  
Date of filing/registration in Florida Document number
5. (a) UNITED STATES CORPORATION AGENTS INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
13302 WINDING OAK COURT  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
A  
Tampa, FL 33612 FL 33612
- (b) DIANE MACKAY  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
16416 US HWY 19 N  
NEW Registered Office Address:  
#613  
CLEARWATER FL 33764

SECTION 1117, F.S.  
TALLAHASSEE, FLORIDA

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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.

Diane Mackey  
Signature of a member or authorized representative of a member

DIANE MACKAY  
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.

Diane Mackey  
Signature of Registered Agent