

L16000168465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

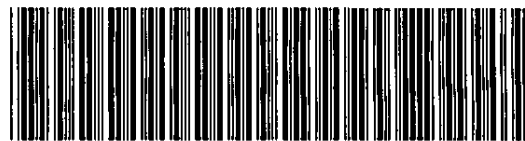
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMPULSE COURIER SERVICES, 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:

Glenda Holcomb
Name of Person

Impulse Courier Services, LLC
Firm/Company

Po Box 882562
Address

Port St Lucie FL 34988
City/State and Zip Code

driveimpulse@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glenda Holcomb at (772) 828-1217
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

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: IMPULSE COURIER SERVICES, LLC

2. (a) 1066 SW Calmar Ave

Principal office address of limited liability company:

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

Port St Lucie, FL
34953

(b) PO Box 882562

Mailing address of limited liability company:

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

Port St Lucie, FL
34988

3. 9/9/2016
Date of filing/registration in Florida

4. L 16000168465
Document number

5. (a) Joshua Pickering
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1066 SW Calmar Ave
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Port St Lucie, FL 34953

(b) Glenda Holcomb
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

316 NW AVENS ST

Port St Lucie, FL 34983

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.

[Signature]
Signature of a member or authorized representative of a member

Joshua Pickering
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.

Glenda J. Holcomb
Signature of Registered Agent

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