16000210751

(Red	questor's Name)	····
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



100311995561

04/17/18--01025--018 **25.00

ZIN ARR 57 PH 4: 07

APR 18 2019 J. HARRIS

COVER LETTER

Division of Corporations
SUBJECT: Pure Sharp 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:
Theodore Poulson Name of Person
Pure Sharp LLC Firm/Company
2908 SE 22 Nd Place 33904 Address
CAPE CORAL FL 33904 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ted Paulsen at (909) 727-6879 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 & Certified Copy INHS18 (2/14)

LIMITED LIABILITY COMPANY
Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubmits 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: Ture Sharp LLC
2. (a) 2908 SE 22 Nd Place CAPE (ora) FL (b) 2908 SE 22 Nd Place Cape (ora) Fl Principal office address of limited liability company: 33904 Mailing address of limited liability company: 33904 (Note: MAY BE POST OFFICE BOX)
1143 SW 43 TU ST 1143 SW 43 20 5T
Cape Corl FL 33914 Cope Conl FL 33914
11-17-2016 2. Date of filing/registration in Florida 4. Document number
5. (a) Theodore Paulsen Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1143 SW 4310 ST Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1143 SW 430 ST Cape Ceral ,FL 33914
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
2
NEW Registered Office Address: 2908 SE 22 M Place
Cape Cond, FL 33904
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 registere 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 of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member 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
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.

Signature of Registered Agent