## 117000028254

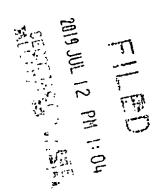
(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
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## **COVER LETTER**

Registration Section

TO:

Divi	ision of Corporations					
erm meerr.	EPULSE LLC  Name of Limited Liability Company					
SUBJECT:						
Dear Sir or l	Madam:					
The enclose	d Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.			
Please return	n all correspondence concerning thi	s matter to the	following:			
CARLA E	TREVISAN					
	Name of Person		_			
	Firm/Company					
488 NE 18	BTH ST UNIT 1915					
	Address					
MIAMI, F	LORIDA, 33132					
***	City/State and Zip Code		<del></del>			
CARLAET	FREVISAN@HOTMAIL.COM					
E-mail	address: (to be used for future ann	ual report notif	ication)			
For further i	nformation concerning this matter.	please call:				
CARLA E	TREVISAN	609 at (	651 5788			
	Name of Person	(	Area Code & Daytime Telephone Number			
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations fon Building 1 Executive Center Circle ahassee, Florida 32301	Re Di P.(	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
<b>⊿</b> s	25 Filing Fee	☐ \$5	55 Filing Fee & Certified Copy			
INHS18 (2/1-	4)					

## 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.

I. Na	ime of the limited liability company: EPULSE LLC				
2. (a)	12628 WHITE CORAL DR		(b) 12628 WHITE CORAL DR		
∸. (a) _	Principal office address of limited liability company:	_ `		Mailing address of limited liability company:	
	( <u>Note: MUST BE STREET ADDRESS</u> ) WELLINGTON, FL, 33414		(Note: MAY BE POST OFFICE BOX) WELLINGTON, FL, 33414		
	WEELINGTON, FL, 33414	_	VVELLIN	GTON, FL, 33414	
	02/06/2017	_	L1700002	28254	
3.	Date of filing/registration in Florida	4.		Document number	
5. <b>(</b> a)	LUCIANO M TREVISAN				
). (a)	Registered Agent and Registered Office shown on the records of t	he Flori	la Dept. of State	- ::	
				<b>4.</b> 2	
	Registered Office Address (MUST BE FLORIDA STREET)	719 JUL 12			
	12628 WHITE CORAL DR				
	WELLINGTON	33414	}	2 PH II OF	
	NEW Registered Office Address:			gu <sup>*</sup>	
	488 NE 18TH ST UNIT 1915			-	
	MIAMI , FL	3313:	2	_	
the cha agent v was/wi the art	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lisere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the Murger muser authorized representative of a member	the regability of the li limited	istered office company, it i mited liabilit l liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
I here provis, the obj to mer notifie	by accept the appointment as registered agent and agricons of all datatites relative to the proper and complete ligations of my position as registered agent as provide left reflect a change in the registered office address, I do in writing of this change.	perfor d för in	mance of my Chapter 60:	duties, and Lum familiar with and accept 5. F.S Or, if this document is being filed	
Signati	are of Registered Agent				
	Division of Cornorations P.O. I	3ox 63	27● Tallaha:	ssee, FL 32314	