

120 000 223 671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

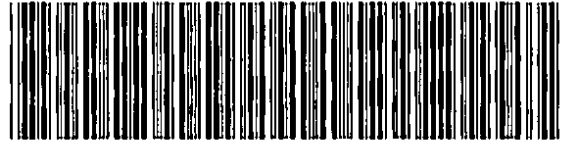
(Document Number)

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wrong form

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20 NOV 16 PM 3:45  
DEPT. OF STATE  
CORPORATION

DEC 01 2020

D CUSHING

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pulse Logistics LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darrick Jones  
Name of Person

Pulse Logistics, LLC  
Firm/Company

3125 Two Sisters Way  
Address

Pensacola, FL 32505  
City/State and Zip Code

darrick.jones57@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darrick Jones at 850 875-7167  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee       \$30 Filing Fee & Certificate of Status       \$55 Filing Fee & Certified Copy       \$60 Filing Fee, Certificate of Status & Certified Copy

20 NOV 16 PM 3:15

RECEIVED  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

RECEIVED

NOV 16 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2020

DARRICK JONES  
PULSE LOGISTICS LLC  
3125 TWO SISTERS WAY  
PENSACOLA, FL 32505

SUBJECT: PULSE LOGISTICS LLC  
Ref. Number: L20000223671

We have received your document for PULSE LOGISTICS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 920A00019581

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Pulse Logistics LLC

**SECOND:** The Florida Document number of the limited liability company is: L20000223671

**THIRD:** Document to be corrected is: Owner's last name

RECEIVED  
20 NOV 16 PM 3:15  
STATE OF FLORIDA

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Last name is misspelled. It is listed as "Jabrs" however the correct last name is Jones.

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

The electronic transmission of the record was defective.

DeLongo  
Signature of Authorized Representative

10/20/2020  
Date

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*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.*

\_\_\_\_\_  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)