

6/15/2020

Division of Corporations

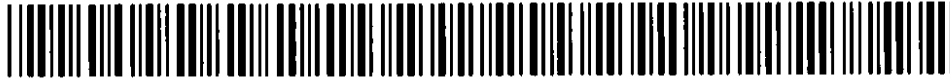
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## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2020 JUN 15 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
STIMWAVE LLC**

Certificate of Status	0
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Corporate Filing Menu

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JUN 16 2020

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY ~~TO FILE~~ AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: STIMWAVE LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)1310 Park Central Blvd SPompano Beach, FL 33064

2. The Florida document number of this limited liability company is:
- M18000001489

3. Jurisdiction of its organization:
- Nevada

4. Date authorized to do business in Florida:
- February 12, 2018

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_
- 
- (must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records,
- enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Corporation Service CompanyNew Registered Office Address: 1201 Hays StreetEnter Florida Street AddressTallahassee

City

Florida 32301

Zip Code

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.

Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

The Manager of STIMWAVE LLC has been changed to Mr. Aure Bruneau

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Aure Bruneau	1310 Park Central Blvd S	<input checked="" type="checkbox"/> Add
		Pompano Beach, FL 33064	<input type="checkbox"/> Remove
Manager	Laura Perryman	1310 Park Central Blvd S	<input type="checkbox"/> Add
		Pompano Beach, FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Aure Bruneau

Signature of the authorized representative

Aure Bruneau

Typed or printed name of signee

Filing Fee: \$25.00