Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000327739 3)))



H230003277393ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SINGLEFILE TECHNOLOGIES

Account Number : I20220000019

Phone : (800)391-9869

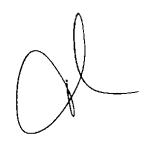
Fax Number : (800)391-9869

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

$\ddot{\sim}_{ t Email}$	Address:	
FF -		

REGISTERED AGENT CHANGE TWINSTRAND BIOSCIENCES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00



Electronic Filing Menu Corporate Filing Menu

Help

Ta.

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: TWINSTRAND BIOSCIENCES, II	VC.	_		
Name of Corporation				
DOCUMENT NUMBER: F22000004673	-	_		
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for t			
Please return all correspondence concerning this matter to	the following:	- TAC	2023 SEP 18 AM 9: 46	تت
Amy Purdy		12	P =	تنه د. پا
Name of Contact Person		[5]	φ.	•
SingleFile Technologies Inc.		SE	至	
Firm/Company		m) (ب	
113 Cherry St, PMB 70875			<u>_</u>	
Address		rt*		
Seattle, WA 98104				
City/State and Zip Code				
support@singlefile.io				
E-mail address: (to be used for future annual report no	otification)	-		
For further information concerning this matter, please call:				
Amy	391-9869 ₎			
Name of Contact Person	Area Code & Daytime Telep	phone Nu	ımber	-
Enclosed is a \$35.00 check made payable to the Departmen	nt of State.			

Mailing Address: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

To.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508 ange is submitted for a corporation organized under t	the laws of the State of Delaware	
	er to change its registered office or registered agent, a	-	
1. The name of	the corporation: TWINSTRAND BIOSCIENCES.	, INC.	
2. The principal	Loffice address: 3131 ELLIOTT AVE, STE, #750		
	SEATTLE, WA 98121		
3. The mailing a	address (if different):		
4. Date of incor	rporation/qualification: 07/26/2022 Docu	ment number: F22000004673	
	d street address of the current registered agent and reg artment of State: (If resigned, enter resigned)	gistered office on file with the	
	CORPORATION SERVICE COMP	ANY	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301-2525		
6. The name and (if changed):	d street address of the new registered agent (if change	d) and for registered of free	
	Registered Agents Inc		
	7901 4th St N STE 300	SET I	-
	P.O. Box NOT acceptable St. Petersburg FL 33702	FL STATE	•
The street address changed will	ess of its registered office and the street address of the identical.	he business office of its registere	ed agent.
Such change wa authorized by th	as authorized by resolution duly adopted by its boar he board, or the corporation has been notified in wri	d of directors or by an officer so iting of the change.	
	ren Dabbs Ren Dabbs Ite of an officer or director	Dabbs, Secretary	
l further agree : of my duties, an document is bei	t the appointment as registered agent and agree to a to comply with the provisions of all statutes relative nd I am familiar with and accept the obligation of m ing filed merely to reflect a change in the registered s been notified in writing of this change.	et in this capacity. to the proper and complete perfy position as registered agent. Confirm office address, I hereby confirm	formance Or, if this that the
Dand's Zerte	09/18/	2023	
Sig	gnature of Registered Agent	Date	
If signing on be	chalf of an entity:		
David Rob	perts		
Т	Syped or Printed Name		
	* * * FILING FEE: \$35,00 *	t # *	