

Florida Department of State
Division of Corporations
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M05000002353

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Division of Corporations
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**LLC REGISTERED AGENT CHANGE
BOMA LC LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOMA LC 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:

Kory Reimann

Name of Person

BOMA LC LLC

Firm/Company

836 Good Hope Drive

Address

Castle Rock, CO 80108

City/State and Zip Code

support@singlefile.io

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SingleFile Technologies c/o Kanetha Bishop at (800) 391-9869

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

☐ \$55 Filing Fee & Certified Copy

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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.

1. Name of the limited liability company: BOMA LC LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

836 Good Hope Drive836 Good Hope DriveCastle Rock, CO 80108Castle Rock, CO 8010804/27/2005M050000023533. Date of filing/registration in Florida4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

NRAI Services, Inc.Registered Office Address (MUST BE FLORIDA STREET ADDRESS)1900 South Pine Island RoadPlantation, FL 33324(b) Registered Agents IncEnter name of NEW Registered Agent and/or NEW Registered Office address:7901 4th St NNEW Registered Office Address:STE 300St. Petersburg, FL 33702

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 registered 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 or the operating agreement of the limited liability company.

/s/ Kory ReimannKory ReimannSignature of a member or authorized representative of a memberPrinted or typed name of signer

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.

David RobertsDavid Roberts - Assistant SecretarySignature of Registered Agent**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314****FILING FEE: \$25.00**