B25000000091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

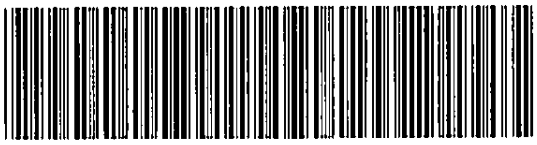
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUN 10 2025

Office Use Only



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2025 JUN -9 AM 9:15

2025 JUN -9 AM 10:53

RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 06/09/2025

****WALK IN*****

ENTITY NAME PROTAGONIST VVRL I LP

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN*****

XXXXXXXXX *Plain Copy*

_____ *Certified Copy*

_____ *Certificate of Status*

_____ _____

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY*****

_____ *Certified Copy of Arts & Amendments*

_____ *Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

_____ *Certificate of Status*

_____ *Certificate of Status Reflecting:* _____

_____ _____

****APOSTILLE' / NOTARIAL CERTIFICATION*****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED $ 35.00 ACCOUNT # I20160000072

Please call Tina at the above number for any issues or concerns. ***Thank you*** *so much!*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROTAGONIST VVRL I LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B25000000097

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Amy Purdy
Contact Person

SingleFile Technologies, Inc.
Firm/Company

600 1st Ave, Ste 330
Address

Seattle, WA 98104
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:

Amy Purdy at (_____) 800-391-9869
Name of Contact Person — Area Code and Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Florida Department of State.

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

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. PROTAGONIST VVRL I LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/13/2025
Date of filing/registration in Florida

3. B25000000097
Florida document number

2025 JUL -9 AM 9:15

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T CORPORATION SYSTEM
Name

1200 SOUTH PINE ISLAND ROAD
Address

PLANTATION, FL 33324
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Registered Agents Inc.
Name

7901 4th St N Ste 300
Florida street address (P.O. Box not acceptable)

St. Petersburg FL 33702
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

General Partner: Protagonist VVRL I GP LLC

Harry Hurst Managing Member of Protagonist VVRL I GP LLC, its General Partner
Signature of General Partner

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 an accept the obligations of my position as registered agent.

David Roberts David Roberts, Assistant Secretary
Signature of Registered Agent

Filing Fee: $35.00
Certified Copy (optional): $52.50