F1700003961

(F	Requestor's Name)	
	Address)	
	Address)	
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(0	City/State/Zip/Phone #)	
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Amendment Section

TO:

Division of Corporations SUBJECT: OUTREACH FLORIDA CORPORATION Name of Corporation DOCUMENT NUMBER: F17000003961 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amy Purdy Name of Contact Person SingleFile Technologies, Inc. Firm/Company 113 Cherry St., PMB 70875 Address Scattle, 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:

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

Mailing Address:

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

Name of Contact Person

Street Address:

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

CR2E045 (04/13)

Amy Purdy

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

statement of che	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statute on organized under the laws of the State of Delaw	/are
		or registered agent, or both, in the State of Florida	a .
1. The name of	the corporation: OUTREACH FL	ORIDA CORPORATION	
2. The principal	office address: 333 Elliott Ave W	Ste 500	
	Scattle, WA 98119		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 08/31/201	7 Document number: F17000003961	
	d street address of the current reg rtment of State: (If resigned, ente	istered agent and registered office on file with the resigned)	
	Registered Agent Solutions, Inc		
	155 Office Plaza Dr, Ste A	53 	202
	Tallahassee, FL 32301		§∵ ; 2022 OCT
6. The name an (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	3 F
	REGISTERED AGENTS INC	ng.	1 9: 08
	7901 4th St N, Ste 300	ri Pi	80
		P.O. Box NOT acceptable	
	St. Petersburg, FL 33702		
The street addr as changed wil	ess of its registered office and the identical.	ne street address of the business office of its regi	stered agent
Such change w authorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an office been notified in writing of the change.	er so
/s/ Joe Sum		Joe Sum	
I hereby accept I further agree of my duties, ar document is be	to comply with the provisions of	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete to the obligation of my position as registered agency in the registered office address, I hereby concentrate.	performanc nt. Or, if thi firm that the
,	Bel Home	09/30/2022	
Sig	enature of Registered Agent	Date	
If signing on bo	chalf of an entity:		
Bill Harve, Assi	stant Secretary		
	yped or Printed Name	_	

* * * FILING FEE: \$35.00 * * *