Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

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REGISTERED AGENT CHANGE BOUNCE STAFFING SERVICES INC.

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: BOUNCE STAFFING SERVICES INC.

Name of Corporation

DOCUMENT NUMBER: F23000004667

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:

Alejandro Moreno

Name of Contact Person

BOUNCE STAFFING SERVICES INC.

Firm/Company

40 W 57th St, 28th Floor

Address

New York, NY 10019

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

391-9869

Name of Contact Person

Area Code & Daytime Telephone Number

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

Street Address:

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

Tallahassee, FL 32303

CR2E045 (04/13)

CR2E045 (04/13)

To:

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

	•	92, 617.0502, 607.1508, or 617.1508, Florida Statu ation organized under the laws of the State of DE	tes, this
in orde	er to change its registered offic	e or registered agent, or both, in the State of Florid	la.
1. The name of	the corporation: BOUNCE S	STAFFING SERVICES INC.	···-
2. The principal	l office address: 40 W 57th S	St, 28th Floor New York, NY 10019	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 08/08/	/2023 Document number: F23000004	667
	d street address of the current r rtment of State: (If resigned, er	registered agent and registered office on file with thatter resigned)	e
	CORPORATION SE	RVICE COMPANY	, 2 3
	1201 HAYS STREE	T	2024 HAR
	TALLAHASSEE, FL	32301	FILE R 25
6. The name an (if changed):		istered agent (if changed) and /or registered office	ED PM 8: 27
	Registered Agents I	nc	27
	7901 4th St N STE 3	300	
	St. Petersburg FL 33	P.O. Box NOT acceptable	
The street addr	ess of its registered office and I be identical.	the street address of the business office of its reg	sistered agent,
Such change w authorized by t	as authorized by resolution du he board, or the corporation ha	aly adopted by its board of directors or by an offic as been notified in writing of the change.	er so
/s/ Alejandı	ro Moreno	Alejandro Moreno	
l hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as registered to comply with the provisions nd I am familiar with and acce ing filed merely to reflect a ch s been notified in writing of th	d agent and agree to act in this capacity. of all statutes relative to the proper and complete ept the obligation of my position as registered age iange in the registered office address, I hereby co is change.	e performance ent. Or, if this nfirm that the
Dund Chemi-		03/22/2024	
Sig	gnature of Registered Agent	Date	
If signing on bo	chalf of an entity:		
David Rob			
Т	Typed or Printed Name	W. D.C. CDC AND ALL .	
	***F	ILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314