

3/6/23, 4:10 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L22000034097

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

(((H23000085857.3)))



H23000085857.34BC5

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) 617-6383

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.

Email Address: support@singlefile.io

LLC REGISTERED AGENT CHANGE
BAY COUNTY MIH, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

2023 MAR -6 PM12:48

FILED

MAR -7 2023

TX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAY COUNTY MIH, PLLC

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:

Chris Inzana

Name of Person

SingleFile Technologies Inc.

Firm/Company

113 Cherry St. S. #70875

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:

Chris Inzana

800

391-9869

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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: BAY COUNTY MIH, PLLC
2. (a) 601 Brickell Key Dr., Suite 700
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
MIAMI, FL 33131
- (b) 400 E. Royal Lane, Building 3, Suite 290
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
IRVING, TX 75039
3. 02/01/2022
Date of filing/registration in Florida
4. 1.22000034097
Document number
5. (a) CT CORPORATION SYSTEM
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 S PINE ISLAND RD
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
PLANTATION, FL 33324
- (b) Registered Agents Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
7901 4th Street N, Suite 300
NEW Registered Office Address:
St. 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/Megan Thomasch

Signature of a member or authorized representative of a member

Megan Thomasch

Printed or typed name of signee

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.

Bee Han

Signature of Registered Agent