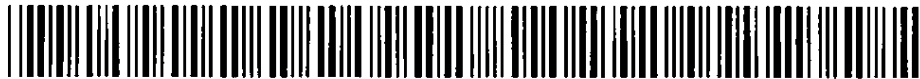


Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L23000290691**

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

((H24000203428 3)))



H240002034283ABCZ

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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: \_\_\_\_\_

### LLC REGISTERED AGENT CHANGE

#### OBOE GC LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2024 JUN 11 PM 2:38

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OBOE GC 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:

Gerald Long

\_\_\_\_\_  
Name of Person

OBOE GC LLC

\_\_\_\_\_  
Firm/Company

5866 NW 25TH COURT

\_\_\_\_\_  
Address

BOCA RATON, FL 33496

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

SingleFile Technologies Inc

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: OBOE GC LLC
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
5866 NW 25TH COURT  
BOCA RATON, FL 33496
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
5866 NW 25TH COURT  
BOCA RATON, FL 33496
3. 06/15/2023  
Date of filing/registration in Florida
4. L23000290691  
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
REGISTERED AGENTS INC  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
7901 4TH ST N STE 300  
St. Petersburg, FL 33702
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
GERALD LONG  
NEW Registered Office Address:  
5866 NW 25TH COURT  
BOCA RATON, FL 33496

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.

Gerald Long

Signature of a member or authorized representative of a member

Gerald Long

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.

Gerald Long

Signature of Registered Agent

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

FILING FEE: \$25.00