6/10/24, 5:29 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SINGLEFILE TECHNOLOGIES

Account Number: I20220000019 : (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: | . | |
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LLC REGISTERED AGENT CHANGE CAROLE GERALD FLORIDA INVESTMENT LLC

| بتنا والمراجع المتعادي المتعادي المتعادي والمتعادي والمتعادي والمتعادي والمتعادي والمتعادي والمتعادي | |
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Corporate Filing Menu

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JUN 1 2 2024

K. Brumbley

| : Kanetha * | Fax: +12068556204 | То: | | Fax: +18506176383 | | Page: 2 of 3 | 06/11/2024 1:40 AM (((H24000203430 3))) | | |
|-----------------------------------|----------------------------------|------------------|---------------|------------------------------|--------------|-----------------------|--|--|--|
| | | | COVER | LETTER | ., | • | . " | | |
| TO: Regis | tration Section | • | | | મં | 7 | | | |
| Divisi | ion of Corporations | | | | • | • | | | |
| eun incer. | CAROLE GERALD FI | ORIDA INVES | STMENT LL | С | | | | | |
| Name of Limited Liability Company | | | | | | | | | |
| Dear Sir or M | adam: | | | | | | | | |
| The enclosed | Registered Agent/Re | gistered Office | : Change an | d fec(s) are submit | ited for fil | ling. | | | |
| Please return a | all correspondence co | oncerning this i | matter to the | following: | | | | | |
| | · | J | | • | | | | | |
| Gerald Long | | | | | | | | | |
| | Name of P | erson | | | | | | | |
| CAROLE GER | RALD FLORIDA INVE | STMENT LLC | | | | | | | |
| | Firm/Com | pany | | | | | | | |
| 5866 NW 25TI | H COURT | | | | | | | | |
| | Address | | | | | | | | |
| BOCA RATON | N. FL 33496 | | | | | | | | |
| | City/State and | Zip Code | | | | | | | |
| | · | • | | | | | | | |
| E-mail a | iddress: (to be used fo | or future annua | l report noti | fication) | | | | | |
| For further inf | formation concerning | this matter, pl | ease call: | | | | | | |
| SingleFile Tech | hanlagies Inc | | 800 | 391-9869 | | | | | |
| | Name of Person | | at (| Area Code & I | Davtime T | Telephone Nu | <u> </u> | | |
| M:11 | | | | | - | , 0.0 p.10.110 | | | |
| | ing Address: stration Section | | | Street Addre Registration | | | | | |
| | ion of Corporations | • | | Division of C | | ons | | | |
| | Box 6327 | | | The Centre o | | | | | |
| | hassee, FL 32314 | | | 2415 N. Mor | | |) | | |
| | , | | | Tallahassee, | | | | | |
| Enclo | sed is a check for th | e following ar | nount: | | | | | | |
| = \$25 | 5 Filing Fee | | 0.5 | \$55 Filing Fee & C | Certified C | Сору | | | |
| INHS18 (2/14) | | | | - | | | | | |

To:

Fax: +18506176383

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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. N | ame of the limited liability company: CAROLE GERA | LD FLC | ORU | IDA INVESTMENT LLC |
|-----------------------------|--|---|---------------------------------------|--|
| 2. (a) | | | | |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (0) |) |
| | 5866 NW 25TH COURT | | | 5866 NW 25TH COURT |
| | BOCA RATON, FL 33496 | _ | | BOCA RATON, FL 33496 |
| | 06/15/2023 | | l. | L23000290828 |
| 3. | Date of filing/registration in Florida | 4. | _ | Document number |
| 5 (a) | | | | |
| J. (G) | Registered Agent and Registered Office shown on the records of REGISTERED AGENTS INC | f the Flori | ida I | Dept. of State: |
| | Registered Office Address 7901 4TH ST N STE 300 | 1 | | |
| | St. Petersburg, F | L33702 | | |
| | , (1) | L | | Proces: |
| (b) | | | | <u>-</u> |
| , , | Enter name of NEW Registered Agent and/or NEW Registered | d Office: | <u>add</u> | dress: |
| : | GERALD LONG | | | — ¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬ |
| | NEW Registered Office Address: | | | Pi 2: |
| | 5866 NW 25TH COURT | | | သ |
| | | | | |
| | BOCA RATON , F | L 33496 | | |
| change agent was/w the art | limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the later of a member of authorized representative of a member leby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete | e registe iability of the limited George to a | ered con imit I lia erale | d office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company. Id Long Printed or typed name of signee in this capacity. I further garee to comply with the |
| the ob to mer notifie | ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. | d for in hereby | con | hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been |
| <u>Jo</u> Signati | rald Long ure of Registered Egent | | | |