Division of Corporations



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.

(((H23000166298 3)))



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 S-H FORTY-NINE PROPCO - GAINESVILLE, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

To

Fax: (850) 617-6383

Page: 2 of 3 05/03/2023 12:33 PM (((111230001100298 3)))

## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: S-H FORTY-NINE PROPCO - GAINESVILLE, 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:

**ALAN SPRAGINS** 

Name of Person

S-H FORTY-NINE PROPCO - GAINESVILLE, LLC

Firm/Company

1910 Fairview Ave. E., SUITE 200

Address

Seattle, WA 98102

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

ar (BUC

լ 391-986ն

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

To:

Page: 3 of 3

## 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.

2 (2)	ame of the limited liability company: S-H FOR			
2. (a)	Principal office address of limited liability company:	(D)	Mailing address of limited liabili	ту сотрану:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFF)	ICE BOX)
	1910 Fairview Ave. E., SUITE 200	<u>1910</u>	Fairview Ave. E., St	JITE 200
	Seattle, WA 98102	Seattle, WA 98102		
	04/03/2008	M08	000001611	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of S	itate:	
	CORPORATION SERVICE COMP.	ANY		
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)	<del></del>	
	1201 HAYS STREET			
	TALLAHASSEE .F	32301		
		<u> </u>	2023 MAY - 3	
(b)	Registered Agents Inc		YAT TAKE	:. :-
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address:	ů w	一直主
	7901 4th St N		7	;
	NEW Registered Office Address:		 ت	~
	STE 300			
	St. Petersburg	<sub>L</sub> 33702		
If the I the cha	imited liability company is not organized under the la	aws of the State of of the registered off	— Florida, it is hereby confirme ice and the business office of	d that after the register
was/wi	vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members	of the limited liabi	lity company or as otherwise	provided in
	icles of organization or the operating agreement of th	•	• •	
	Alan Spragins ture of a member or authorized representative of a member	Alan Spra	AGINS  Printed or typed name of signer	
		ana to ant in this a	•	
mmm	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, a d'in writing of this change.	gree to act in this c e performance of n led for in Chapter ( I hereby confirm th	apacity. I further agree to convenience of the convenience of the limited liability company the limited liability company.	omply with the with and acce t is being file ny has been
(vid ) }	David Roberts - Assista			