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.

(((H23000152874 3)))



H230001528743AB0%

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 : 120220000019 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 OPCO GAINESVILLE, LLC

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

Electronic Filing Menu — Corporate Filing Menu

T. LEMIEUX Help APR 2 6 2023

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: S-H OPCO 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 OPCO 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 c/o K. Bishop

ar (800

、391-9869

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

INHS18 (2/14)

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. (a)	Principal office address of limited liability company:		(b)	Mailing address of limited	liability company:
	(Note: MUST BE STREET ADDRESS)		(Nate: MAY BE POST OFFICE BOX)		
	1910 Fairview Ave. E. Suite 200		1910 F	WA 98102	
	Seattle, WA 98102		Seattle,		
	06/25/2014		M1400	00004551	
3.	Date of filing/registration in Florida	4.		Document number	
(b)	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMP Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET TALLAHASSEE Registered Agents Inc	ANY <i>Taddre</i>	<u>ss)</u>	2023 ;	
	Enter name of NEW Registered Agent and/or NEW Registere 7901 4th St N	ed Office a	nddress:		
	NEW Registered Office Address:			,	က် ဆ
	STE 300			•	: 07
	St. Petersburg	337	02		

the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Alan Spragins

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.

David Roberts - Assistant Secretary

Signature of Registered Agent