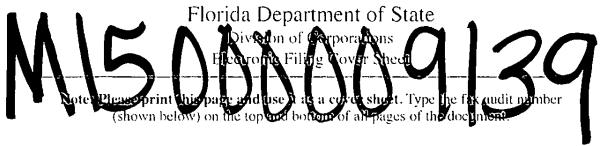
Division of Corporations



(((H240001099403)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SINGLEFILE TECHNOLOGIES

Account Number : I20220000019 : (800)391-9869 Phone

Fax Number : (800)391-9869

\*\*Enter the email address for this business entity to be used for future  $\dots$ annual report mailings. Enter only one email address please.\*\*

Email Address: support@singlefile.io

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## LLC REGISTERED AGENT CHANGE **ABF5A LLC**

Certificate of Status	0
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Page Count	03
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M. SOLOMON

MAR 2 5 2024

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INHS18 (2/14)

To:

Fax: (850) 617-6383

Page: 2 of 3 03/22/2024 4:44 PM (((H24000109940 3)))

. CO	VER LETTER		
TO: Registration Section Division of Corporations	•		
SUBJECT: ABF5A LLC			
	nited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Alejandro Moreno			
Name of Person			
ABF5A LLC			2024
Firm/Company			2024 HAR
40 W 57th St, 28th Floor		. '	25
Address	<del></del> -		PH
New York, NY 10019		-(1)	5: 5:
City/State and Zip Code		: '	Q.V
support@singlefile.io			
E-mail address: (to be used for future annual repo	rt notification)		
For further information concerning this matter, please c	all:		
SingleFile Technologies Inc at (8	00 ) 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	<b>t</b> :		
□ \$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. Na	nme of the limited liability company: ABF5A LL	_C				
2. (a)			(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited if (Note: MAY BE POST)		
	730 FIFTH AVENUE, 20TH FLOOR		730 FI	FTH AVENUE, 2		
	NEW YORK, NY 10019	_	NEW Y	ORK, NY 10019		
	11/13/2015		M150	00009139		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)				_		
	Registered Agent and Registered Office shown on the records of the		da Dept. of Star	te:		
	CORPORATION SERVICE COMPAN		<del></del>	<del>_</del>		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>55)</u>			7893
	1201 HAYS STREET			_		2024 MAR
	TALLAHASSEEFL	3230	)1		•	N 2-
				<del>-</del>	.: •	on i
(b)	Registered Agents Inc			<b></b>	. 1	PH
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	)flice a	iddress:		17.	5: 5
	7901 4th St N				201	ڡٛ
	NEW Registered Office Address:			_		
	STE 300			_		
	St. Petersburg	3370	)2	_		
the cha agent v was/wa	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	s of the he reg vility the li imited	ne State of FI gistered offic company, it mited liabili I liability cor	te and the business officis is hereby confirmed that ty company or as other mpany.	ce of the it the cha	registered nge(s)
	lejandro Moreno	A	lejandro l			
٠.	ture of a member or authorized representative of a member		and the all the co	Printed or typed name of :	•	
иоцив	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.			pacity. I further agree, a duties, and I am famili 5, F.S. Or. if this docu t the limited liability co	to comply far with a ment is b mpany ha	y with the and accept eing filed as been
<sup>તહેલ</sup> ( <b>)~</b>	David Roberts - Assistant	Secr	etary			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent