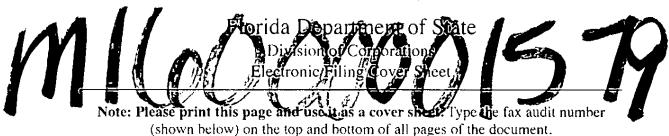
Fax: 18003919869

Fax: (850) 617-6383

Page: 1 of 3

06/05/2023 10:51 AM

Division of Corporations



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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 Addross:__

LLC REGISTERED AGENT CHANGE COLUMBIA/WEGMAN LAKE WORTH, LLC

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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	ECT: COLUMBIA/WEGMAN L							
	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.					
Please	return all correspondence concerning thi	s matter to the	following:					
Amy	Purdy							
	Name of Person		_					
Sing	gleFile Technologies, Ir	nc.						
	Firm/Company		_					
11	3 Cherry St, PMB 70875							
	Address							
Seat	tle, WA 98104							
	City/State and Zip Code							
	port@singlefile.io							
E	-mail address: (to be used for future annu	ial report notif	cation)					
For fur	ther information concerning this matter,	please call:						
Amy	Purdy	_ at (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	Re _l Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314					
	Enclosed is a check for the following	amount:						
	□ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy					

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.

FIOI	iua.	COLLINADIA	/\	****************	KE MODELL !!	
1.	Name of the limited liability company:	COLONBIA	VVE	JIVIAN LA	KE WORTH, L	LC
2. (a	n)		_ (b)		
	Principal office address of limited li (Note: MUST BE STREET)	, ,		Ν	failing address of limited (Note: MAY BE POST	
	1910 FAIRVIEW AVENUE E,	SUITE 200		1910 FA	IRVIEW AVENUE	E, SUITE 200
	Seattle, WA 98104			Seattle, \	WA 98102	
	02/24/2016			M1600	00001579	
3.	Date of filing/registration in	n Florida	4,		Document number	
5. (a)					
`	Registered Agent and Registered Office sho	wn on the records of th	he Florid	a Dept. of State	:	
	CORPORATION SERVICE	E COMPAN	Υ			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				5	0.1
	1201 HAYS STREET					2023
	Tallahassee	, FL_	3230	1-2525		<u>-</u>
ſI	Registered Agents I	nc			-	S T
,-	Enter name of NEW Registered Agent and	or <u>NEW Registered (</u>	Office at	ldress:		
	7901 4th St N					2: 50 2
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg		3370	2		
the cagen was/the a	e limited liability company is not organ change or changes are made, the Florida it will be identical. Or, in the case of a were authorized by an affirmative vote articles of organization or the operating /s/ Alan Spragins mature of a member or authorized representative	street address of of Florida limited lia of the members of agreement of the leaf of a member	the reg bility c I the lir limited Ala	istered office ompany, it is nited liability liability com an Spragi	and the business office hereby confirmed the company or as other pany. Printed or typed name of	ice of the registered at the change(s) rwise provided in
HQUI	reby accept the appointment as registerisions of all statutes relative to the probbligations of my position as registered erely reflect a change in the registered fied in writing of this change. David Robe	per and complete p agent as provided office address, I h erts - Assistant			duties, and I am family, F.S. Or, if this docu the limited liability co	liar with and accept iment is being filed ompany has been

Signature of Registered Agent