

From: Inzana Chris  
12/5/22, 5:12 PM

Fax: 18003919869

To:

Fax: (850) 617-6383

Page: 3 of 4

12/05/2022 5:17 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : SINGLEFILE TECHNOLOGIES  
Account Number : 120220000019  
Phone : (800) 391-9869  
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LLC REGISTERED AGENT CHANGE  
JACKSON PINES, LLC

Certificate of Status	0
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jackson Pines, 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:

Chris Inzana

\_\_\_\_\_  
Name of Person

SingleFile Technologies Inc.

\_\_\_\_\_  
Firm/Company

113 Cherry St., S. #70875

\_\_\_\_\_  
Address

Seattle, WA 98104

\_\_\_\_\_  
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:

Chris Inzana

800

391-9869

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations.  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$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. Name of the limited liability company: JACKSON PINES, LLC

2. (a) 350 Jericho Turnpike Suite 302 (b) 350 Jericho Turnpike Suite 302

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Jericho, NY 11753

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Jericho, NY 11753

12/08/2017

M17000010437

3. Date of filing/registration in Florida 4. Document number

5. (a) COGENCY GLOBAL INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

115 NORTH CALHOUN ST. SUITE 4

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

(b) Registered Agents Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th Street N, Suite 300

NEW Registered Office Address:

St. Petersburg, FL 33702

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/Michael Packman

Michael Packman

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Bill Hume

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

2022 DEC -6 AM 11:27  
FILED  
TALLAHASSEE, FL  
CLERK OF COURT