

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Af2-Avistone 589, 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:

Amy Purdy

Name of Person

SingleFile Technologies, Inc.

Firm/Company

113 Cherry St., PMB 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:

Amy Purdy

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

1. ED
2023 JAN -9 PM 1:01
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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: AI2-Avistone 589, LLC

2. (a) Principal office address of limited liability company.
(Note: MUST BE STREET ADDRESS)

11975 El Camino Real Ste 100

San Diego, CA 92130

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

11975 El Camino Real Ste 100

San Diego, CA 92130

01/29/2021

M21000001192

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
CORPORATION SERVICE COMPANY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 HAYS STREET

TALLAHASSEE

FL 32301-2525

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

REGISTERED AGENTS INC

NEW Registered Office Address:

7901 4th St N, Ste 300

St. Petersburg

FL 33702

2023 JAN -9 PM 1:01
FILED
TALLAHASSEE, FL
CLERK OF COURT

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/ Suzanne Skov

Suzanne Skov, Authorized Representative

Signature of a member or authorized representative of a member

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.

Bill Harve

Bill Harve, Assistant Secretary

Signature of Registered Agent