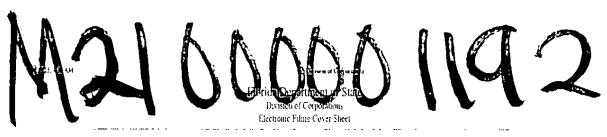
To



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

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to:

Division of Corporations fax Number 1 (150)+11-6381

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Account Mase : SINGLEFILS TSCHNOLOGIES Account Muster : 170270000019

Phone : (100)391-986. Eax Number : (200)391-986.)

"Bater the email address for this Distorse entity to be used for fitting andme) report mailings. Enter only one small address pleasants

Email Address:

## LLC REGISTERED AGENT CHANGE AF2-AVISTONE 589, LLC

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## COVER LETTER

	distration Section ision of Corporations			
SUBJECT:	Af2-Avistone 589, LLC			
SOBJECT:	· ·	Name of Limite	d Liability Company	
Dear Sir or	Madam:			
The enclose	d Registered Agent/Registered	Office Change	and fec(s) are submitted for filing.	
Please return	n all correspondence concerning	g this matter to	the following:	
Amy Purdy				
	Name of Person		<del></del>	
SingleFile Te	echnologies, Inc.			
<del></del>	Firm/Company		<del></del>	
113 Cherry S	t., PMB 70875			
	Address			
Seattle, WA	98104			, 1 1 1 1
	City/State and Zip Coc	le		
support@sin	glefile.io			
E-mail	address: (to be used for future	annual report n	otification)	
For further i	nformation concerning this mat	tter, please call:		
Amy Purdy		800 at (	391-9869	
-	Name of Person	\	Area Code & Daytime Telephone Number	
Reg Div P.O	iling Address: distration Section ision of Corporations . Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enc	losed is a check for the follow	ing amount:		
<b>■</b> \$	25 Filing Fee		\$55 Filing Fee & Certified Copy	

To:

## 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) 3. 5. (a)	Principal office address of limited liability company.  (Nate: MUST BE STREET ADDRESS)  11975 El CaminoREal Ste 100  San Diego, CA 92130  01/29/2021  Date of filing/registration in Florida  Registered Agent and Registered Office shown on the records of		11975 EI (	Mailing address of limited (Note: MAY BE POST) CaminoREal Ste 100 . CA 92130	Hiability co.	mpany:
3.	Principal office address of limited liability company.  (Nate: MUST BE STREET ADDRESS)  11975 El CaminoREal Ste 100  San Diego, CA 92130  01/29/2021  Date of filing/registration in Florida		San Diego	Mailing address of limited (Nate: MAY BE POST) CaminoREal Ste 100 . CA 92130	Hiability co.	mpany:
	San Diego, CA 92130  01/29/2021  Date of filing/registration in Florida		San Diego	. CA 92130		
	01/29/2021  Date of filing/registration in Florida	4.		· /		
	Date of filing/registration in Florida	<b></b> 4.	M21000001	192		
	<u>.</u>	4.		<del></del>		
5. (a)				Document number		
. (,						
	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY	the Florida	Dept. of Stat	- e:		
	Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET	ADDRESS	ij	-		202
	TALLAHASSEE F	32301-2.	525	-		023 JAH - 9
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> REGISTERED AGENTS INC	d Office ad	dress:	-	1 (m √ () • ()	PH 1:0
	NEW Registered Office Address:		<del></del>	-	•	
	7901 4th St N, Ste 300			_		
	St. Petersburg	33702		_		
change agent v was/wo	imited liability company is not organized under the la or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the registere ability co of the lim limited l	ed office and mpany, it is ited liability iability corr	d the business office of hereby confirmed the y company or as othe apany.	of the regi lat the cha rwise prov	stered ngc(s)
	Suzanne Skov	Suza	nne Skov. A	uthorized Representativ		
I hereb provisi the obl to mere	the of a member of authorized representative of a member by accept the appointment as registered agent and agent of all statutes relative to the proper and complete igations of my position as registered agent as providerly reflect a change in the registered office address, I tin writing of this change.  Bill Harve, Assistant Secretary	performe ed for in ( hereby ce	mce of my c	tunes and Lam famil	to comply liar with a	na accent