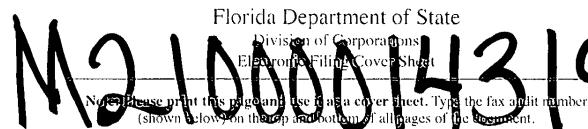
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SINGLEFILE TECHNOLOGIES

Account Number : I20220000019 Phone

: (800)391-9869

Fax Number

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

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ட்டு Address: support@singlefile.io

LLC REGISTERED AGENT CHANGE BODY SURFING LLC

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M. SOLOMON

MAR 2 5 2024

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To:

Fnx: (850) 617-6383

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: BODY SURFING 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:

Alejandro Moreno

Name of Person

BODY SURFING LLC

Firm/Company

40 W 57th St, 28th Floor

Address

New York, NY 10019

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:

SingleFile Technologies

at (800

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

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

Enclosed is a check for the following amount:

□ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

///UDADDO4000A6 200

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

To:

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	me of the limited liability company: BODY SUF	3 F II	NG LL	_C		
	, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•		Mailing address of limite (Nate: MAY BE POS	ed liability cor ST OFFICE I	mpany: 8 <i>OX</i>)
		40 WEST 57TH STREET 28TH FLOOR		40 W	EST 57TH STREE	T 28TH I	FLOOR
		NEW YORK, NY 10019	NEW YORK, NY 10019 M21000014319				
		10/27/2021					
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)						
		Registered Agent and Registered Office shown on the records of the	: Florid	a Dept. of S	State:		
		CORPORATION SERVICE COMPAN	1A				
		Registered Office Address (MUST BE FLORIDA STREET AD	DRES,	<u>S)</u>			2024
		1201 HAYS STREET					2024 MAR
		TALLAHASSEE	3230	1			R 25
(<u>.</u>		1 *	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				·	PH 2
							\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.
		7901 4th St N				21 1	G
		NEW Registered Office Address:	-				
		STE 300					
		St. Petersburg LFL 3	370)2			
the age wa the	e cha ent v s/wc e arti	emited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of a cles of organization or the operating agreement of the line ejandro Moreno	of the ne regi ility o the lin mited	e State of stered of ompany, nited liab liability o	fice and the business o it is hereby confirmed ility company or as off	ffice of the that the cha	registered inge(s)
		ure of a member or authorized representative of a member		- <u>J</u> ·	Printed or typed name	of signee	***
pro tho to no	oviși e obl mere tiliec	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per igations of my position as registered agent as provided to be reflect a change in the registered office address. I had in writing of this change. David Roberts - Assistant S	erforn for in ereby c	nance of i Chapter confirm th	capacity. I further agri my duties, and I am fai 605, F.S. Or. if this do hat the limited liability	ee to compl niliar with a company h	ly with the and accept being filed as been

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

Signature of Registered Agent