

1/4/23, 4:50 PM Division of Corporations

Florida Department of State

Division of Corporations

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To: Division of Corporations

Fax Number : (850)617-6383

From:

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Phone : (800)391-9869

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**Enter the email address for this business entity to be used for future
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Email Address:

LLC REGISTERED AGENT CHANGE

ASF1-SARASOTA, LLC

Certificate of Status 0

Certified Copy 0

Page Count 01

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2023 JAN -9 PM 1:01

2023 -9 PM 12:19

JAN 10 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASFI-SARASOTA, 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

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

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: ASFI-SARASOTA, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

11975 El Camino Real Ste 100

11975 El Camino Real Ste 100

San Diego, CA 92130

San Diego, CA 92130

11/05/2021

M21000014789

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

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

2023 JAN -9 PM 1:01
OFFICE
CLERK