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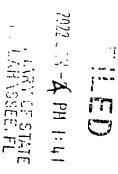
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## COVER LETTER

TO: Registration Section Division of Corporations	
FUSION CONNECT, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Chris Inzana	
Name of Person	<del></del> _
SingleFile Technologies, Inc.	
Firm/Company	<del></del>
113 Cherry St S #70875	
Address	
Scattle, WA 98104	
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
support@singlefile.io	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	raff:
Chris Inzana 80 at (	(X) 391-9869
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	t:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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. N:	ame of the limited liability company: FUSION CONNE	ECT. L	LC			
2. (a)	210 Interstate North Parkway		(b) 210 Inters	state North Parkway		
<b>.</b> , (11)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )			Mailing address of limi (Note: MAY BE PC		
	Suite 200		Suite 200			
	Atlanta, GA 30339	_	Atlanta, G	IA 30339		
	07/02/1998		M9SOORE	0725		
3.	Date of filing/registration in Florida	- 4.	<del></del>	Document numbe	ſ	<u> </u>
5. (a)	REGISTERED AGENT SOLUTIONS, INC.					
	Registered Agent and Registered Office shown on the records of 155 OFFICE PLAZA DR SUITE A	the Flo	rida Dept, of Sta	 de:		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDR	ESS)	_		
	TALLAHASSEE	32301				
	Registered Agents Inc.			_	202	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				ن-: !	, 1
	7901 4th Street N. Suite 300				4	* 44 25.27 PM 3
	NEW Registered Office Address:			50 C	<u>-p</u>	
	Suite 300			_ ന്ന പ	<u> </u>	
	St. Petersburg	33701	<u> </u>	TATE TATE	PM 1: 41	
change agent was/w the art	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the mes Prenetta.	ws of the climite	he State of Fl lered office at company, it i limited liabili	nd the business officies hereby confirmed ty company or as of	ce of th I that th	e registered re change(s)
	iture of a member or authorized representative of a member			Printed or typed nam	ne of sign	
There provis the ob- to mer	by accept the appointment as registered agent and agritions of all statutes relative to the proper and complete ligations of my position as registered agent as provide cly reflect a change in the registered office address. It din writing of this change.	rec to perfoi ed för i herch	act in this cap mance of my n Chapter 60, confirm that	oacity - I further asu	ree to c	omply with the
Bu	There					
Signate	ire of Registered Agent					