

P190000045556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

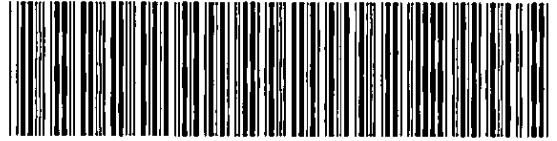
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Singurealty, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P19000045556

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandy Riedal

Name of Contact Person

Singurealty, Inc.

Firm/Company

P. O. Box 344

Address

Madison, GA 30650

City/State and Zip Code

sandy@singurealty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandy Riedal

Name of Contact Person

at (410) 937-1133

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Singurealty, Inc.
2. The principal office address: 7901 4th Street N., Suite 300  
St. Petersburg, FL 33702
3. The mailing address (if different): P. O. Box 344, Madison, GA 30650
4. Date of incorporation/qualification: 06/01/2019 Document number: P19000045556
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
Sandy Riedal  
11587 Onyx Circle  
Fort Myers, FL 33913
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
David Roberts | Registered Agents, Inc.  
7901 4th Street N., Suite 300  
P.O. Box NOT acceptable  
St. Petersburg, FL 33702

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Sandy Riedal  
Signature of an officer or director

Sandy Riedal, CFO  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

D. Roberts  
Signature of Registered Agent

4/30/2024  
Date

If signing on behalf of an entity:

David Roberts  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

2024 MAY -7 AM 11:49