L01000011521

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	01/07/2025	
	Cheyanne Davis	
	2593530	
		FGTA, LLC
Article	es of Incorporation/Authoria	zation to Transact Business
☐ Amen	dment	
Change	ge of Agent	
☐ Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
☐ Dissol	lution/Withdrawal	
☐ Fictition	ous Name	
Other		
Authorized A	mount: \$25.00	
Signature:	(Vrum Paine	

F: 800.944.6607

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. Na	ame of the limited fiability company: FGTA,	LLC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)_	Mailing address of limited liability (Note: MAY BE POST OFFIC	
	No Change		No Change	
	July 6, 2007		L07000071527	
3.	Date of filing/registration in Florida	4,	Document number	
5. (a)	CAPITOL CORPORATE SERVICES, INC	•		
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida De	Dept. of State:	
	515 EAST PARK AVENUE 2ND FLOOR			
	Registered Office Address (MUST BE FLORIDA STREE		2	
	STE. A		A LA	=
	TALLAHASSEE	FL_32301	HASSI	
(b)	COGENCY GLOBAL INC.			
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office addre	ORIE	မှ -
	115 North Calhoun St., Suite 4		Dr. (ယ
	NEW Registered Office Address:			
	Tallahassee	_{FL} 32301		
the cha agent v was/wa	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the Manual Mountains.	of the registe lliability comes of the limite he limited liab	ered office and the business office of appany, it is hereby confirmed that the ed liability company or as otherwise pubility company.	the registered change(s)
Signature of Thember or authorized representative of a member			M. Elizabeth Moore Printed or typed name of signee	
I here provisi the obl to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	igree to act in the performant ded for in Cha I herchy conj		nply with the th and accept is being filed y has been

/s/ Timothy Mayville

Signature of Registered Agent

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