Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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WISIGNEY CORPORATIONS

LLC REGISTERED AGENT CHANGE FTGU HOLDING'S LLC

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APR 0 8 2025

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 o	f the limited liability company: FTGU F	lolding's	s LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 01 4th St N STE 300	(b) _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 7901 4th St N STE 300
St.	Petersburg FL 33702		St. Petersburg FL 33702
04/	09/19	L	19000097798
5. (a)	Date of filing/registration in Florida ITED STATES CORPORATION		·
470	tered Agent and Registered Office shown on the records of RIVERSIDE AVE.	<u>-</u>	ept, of State:
	cksonville		
(h) Re	gistered Agents Inc		2025 APR - 7
	name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addre	TILED PH
· ·	Z Registered Office Address:	_	1:27
St	. Petersburg	33702	
the change of agent will be was/were authe articles of	or changes are made, the Florida street address to identical. Or, in the case of a Florida limited	of the register liability comp s of the limite ne limited liab	tate of Florida, it is hereby confirmed that after ared office and the business office of the register apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. In Jones Printed or typed name of signee
provisións o the obligatio	cept the appointment as registered agent and a fall statutes relative to the proper and comple ons of my position as registered agent as providual flect a change in the registered office address, riting of this change. David Roberts - Assista	gree to act in te performand led for in Cho I hereby conf	n this capacity. I further agree to comply with the uce of my duties, and I am familiar with and acce apter 605, F.S. Or, if this document is being file firm that the limited liability company has been
and Asserts	David Roberts - Assista	ınt Secretar	ry