Division of Corporations



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(((H20000103689 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number: I20120000007 : (702)866-2500 Phone : (702)866-2689 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

documents@incorp.com

LLC REGISTERED AGENT CHANGE FT PROPERTIES USA LLC

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COVER LETTER

(H20000103689 3

TO:	Registration Section Division of Corporations		
orib D	rot.	FT PROPE	RTIES USA LLC
SOBJI	ECT:	ed Liability Company	
Dear S	ir or Madam:		
The en	iclosed Registered Agent/Registere	d Office Change	e and fee(s) are submitted for filing.
Please	return all correspondence concerni	ing this matter to	the following:
	Patricia Sillyman	١	
	Name of Person		
	InCorp Services, I	nc.	
	Firm/Company		
	3773 Howard Hughes Pkwy.	· Suite 500S	
	Address		
	Las Vegas, NV 89169	9-6014	
***	City/State and Zip C	Code	
	documents@incorp		
	E-mail address: (to be used for futu	re annual report	notification)
For fu	rther information concerning this n	natter, please cal	II:
Patri	icia Sillyman	at 800	-246-2677
	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

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(H200001036893)

☐ \$25 Filing Fee

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Date: 4/7/2020 12:28:19 PM

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (H20000103689 3)

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	me of the limited liability company: FT PROPERTIE	ES L	ISA LLC		_		<u>-</u>
	(a)	Principal office address of limited liability company:	-	(b)	Mailing address of l		•	-
		(Note: MUST BE STREET ADDRESS)			(Mare: MAT BE			<u>u</u> n,
		02/07/2020		L2000004				
3.		Date of filing/registration in Florida	4.		Document num	ber		
5.	(a)	SVERDLIC, MARK			•			
		Registered Agent and Registered Office shown on the records of the	he Flo	orida Dept, of State	c:			
3170 Stirling Rd , Unit A6					<u>-</u>			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						2	
					_	.15	020	
		Hollywood , FI.		33021	_		2020 APR -	
		InCorp Services, Inc.					7	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Offic	e address:	_		AH H:	4 - ;
						· _:`.	 ω	· .
		17888 67th Court North			_	:	32	
		NEW Registered Office Address:						
		Loxahatchee .FL	-	33470	_			
el ag	nange gent as/w	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regi: ibilit if the	stered office an y company, it i : limited liabilit	id the business of s hereby confirm ly company or a	ned that	the regi	stered nge(s)
٧		Mark Sverdlic		Mark Sverdli				
÷		iture of a member or authorized representative of a member		<u> </u>	Printed or typed i			
pi th	rovis e ob mei	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided why reflect a change in the registered office address, I had in writing of this change.	perje d for ierel	in Chapter 602 by confirm that	tuites, and Fam 5, F.S. Or, if thi the limited liabi			
S	ignat	Patricia Sillyman on beha	alf of	Incorp Service:	s, Inc. (H20	00010	3689 3	3)