

L24000275571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

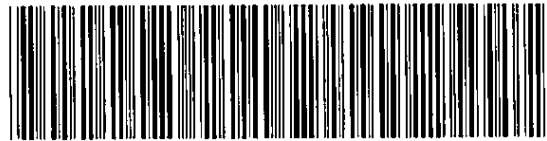
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



400437467144

10/02/24--01031--020 \*\*25.00

2024 OCT -2 PM 4:27  
SECRETARY OF THE  
TALLAHASSEE COUNTY

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FT Tampa LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Fareed George  
Name of Person

FT Tampa LLC  
Firm/Company

1704 E 7th Ave  
Address

Tampa/FL 33605  
City/State and Zip Code

robertfareedgeorge@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Fareed George at (929) 4005842  
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:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2024 OCT -2 PM 4:27  
SECRET  
TALLAHASSEE, FL

**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.*

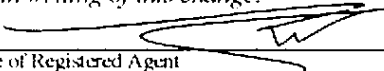
1. Name of the limited liability company: FT Tampa LLC
2. (a) 2990 Ponce De Leon, suite 400, Coral Gables, 33134, FL  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)
- (b) 2990 Ponce De Leon, suite 400, Coral Gables, 33134, F  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)
3. 6/17/2024 Date of filing/registration in Florida
4. 124000275571 Document number
5. (a) Robert Fareed George  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
2990 Ponce De Leon  
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
Suite 400  
Coral Gables, FL 33134
- (b) Robert Fareed George  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
  
NEW Registered Office Address:  
2990 Ponce De Leon, suite 400  
  
Coral Gables, FL 33134

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Robert George  
Printed or typed name of signer

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

2024 OCT -2 PM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FL