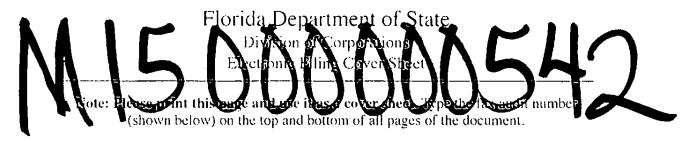
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Division of Corporations



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| | of Corporations r : (850)617–6383 | л , , , , , , , |
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LLC REGISTERED AGENT CHANGE FT FLORIDA RE, LLC

: (800)391-9869

| Certificate of Status | 0 |
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| Estimated Charge | \$25.00 |

M. SOLOMON MAR 2 5 2024

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: FT FLORIDA RE, LLC | |
| Name of Limited | d 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: |
| Alejandro Moreno | |
| Name of Person | |
| FT FLORIDA RE, LLC | : |
| Firm/Company | |
| 40 W 57th St, 28th Floor | |
| Address | |
| New York, NY 10019 | |
| City/State and Zip Code | · |
| support@singlefile.io | |
| E-mail address: (to be used for future annual report ne | otification) |
| For further information concerning this matter, please call: | |
| SingleFile Technologies Inc at (800 | , 391-9869 |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following amount: | |
| ☐ \$25 Filing Fee ☐ | \$55 Filing Fee & Certified Copy |
| INHS18 (2/14) | |

To:

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 | une of the limited liability company: FT FLORI | DA RE | ., LLC |
|---------------------------|-----------------------|--|--|---|
| 2. | (a) | | (b) | |
| | () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | . ("/ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | c/o Wilmington Family Office, Inc.1100 N. Market St 10th FI | c/o V | Nilimington Family Office Inc. 1100 N. Market St 10th FI |
| | | Wilmington, DE 19890 | Wil | mington, DE 19890 |
| | | 01/21/2015 | M1 | 5000000542 |
| 3. | | Date of filing/registration in Florida | 4. | Document number |
| 5. | (a) | | | |
| J. | ια | Registered Agent and Registered Office shown on the records of the | Florida Dept. | of State: |
| | | CORPORATION SERVICE COMPANY | • | |
| | | Registered Office Address (MUST BE FLORIDA STREET AL | DRESS) | 2024 |
| | | 1201 HAYS STREET | | |
| | | TALLAHASSEE | 2301 | 25 |
| | | | | . P 1 |
| (b) Registered Agents Inc | | | | |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> | tuce andress: | 29 en 29 |
| | | 7901 4th St N | | |
| | | NEW Registered Office Address: | | |
| | | STE 300 | | |
| | | St. Petersburg 13 | 3702 | |
| | | St. r etersburg FL | 3702 | |
| the age wa | echa ent v s/we | imited liability company is not organized under the laws inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li | ie registered ility compai the limited l | I office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in |
| | | Alejandro Moreno | Alejano | dro Moreno |
| | ., | ture of a member or authorized representative of a member | | Printed or typed name of signee |
| 110 | | by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete puligations of my position as registered agent as provided a left reflect a change in the registered office address, I he do in writing of this change. David Roberts - Assistant 1 | | nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been |
| | <u> </u> | David Roberts - Assistant S | Secretary | |