(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:						
J. HORNE MAR 21 2025						

Office Use Only



700443955007

2025 MAR 20 AM II: 03 . 2025 MAR 20 PM 3: 35

FILED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

FHOME: 050-55	0-1300						
	ACCOUNT NO.		120000a	0.05 es			
	ACCOUNT NO.	•	12000000	The state of the s			
	REFERENCE	:	050205	84737402	E		
	AUTHORIZATION	:					
	COST LIMIT	:	\$ 25.00				
ORDER DATE :	March 13, 2025						
ORDER TIME :	2:26 PM						
ORDER NO. :	050205-010						
CUSTOMER NO:	8473740						
CHANGE OF AGENT							
NAME: FGS GLOBAL (US) LLC							

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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.

Ì.	Na	me of the limited liability company: FGS GLOBAL (U	JS) LLC	.C		
2.	(a)		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)		
		909 THIRD AVE 32 FL		c/o WPP, 175 Greenwich Street 11th Floor		
		NEW YORK, NY 10022		NEW YORK, NY 10007-2443		
		08/14/2019		M19000007857		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)					
	(**)	Registered Agent and Registered Office shown on the records of t	he Florid	ida Dept. of State:		
CORPORATE CREATIONS NETWORK, INC.						
		Registered Office Address (MUST BE FLORIDA STREET)	(DDRES:			
801 US HIGHWAY 1						
	NORTH PALM BEACH . FL 33408					
		, rL				
	(b)					
	(=)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	20 HA 11 04		
			The state of the s			
		Corporation Service Company				
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahaaaa	20204			
		Tallahassee, FL	32301	<u> </u>		
cha age wa:	inge ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register bility co f the lin	company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in		
/s/Ryan Eppehimer			Rya	yan Eppehimer		
S	ignat	ure of a member or authorized representative of a member		Printed or typed name of signee		
pro the to t	visio obli nere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the change of this change.	perform	nct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept a Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been		
Sig	natui	e of Registered Agent Grace E. Kirby, Asst. Vice Preside	ent			

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00