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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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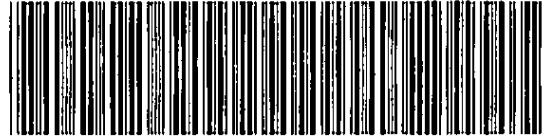
(Business Entity Name)

(Document Number)

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C. BRUMBLEY

JAN 28 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lombard International Brokers Inc
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Alison Soderberg
Name of Contact Person
Lombard International Life Assurance Company
Firm/Company
1650 Market Street, 54th Floor
Address
Philadelphia, PA 19103
City/State and Zip Code

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

For further information concerning this matter, please call:

Alison Soderberg at (484) 3626757
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Lombard International Brokers Inc
- 2. The principal office address: 801 Brickell Avenue Suite 2380 Miami FL, 33131
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 03/20/2017 Document number: _____

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT Corporation System
1200 South Fine Island Road
Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

777 Brickell Avenue
Suite 620
Miami FL, 33131

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

DocuSigned by:
Michelle Ross
Signature of an officer or director

Michelle J. Ross, Chief Compliance Officer
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Lisa Dubois Lisa Dubois, Assistant Secretary
Signature of Registered Agent

12/20/2021
Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****