### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

DIRECTOR

#### SIGNATURE: ROBERTO ZAMORA

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# P95000023013

Entity Name: LATIN AMERICAN FINANCIAL SERVICES, INC.

# **Current Principal Place of Business:**

200 SOUTH BISCAYNE BLVD. SUITE 3550 MIAMI, FL 33131

#### **Current Mailing Address:**

200 SOUTH BISCAYNE BLVD. **SUITE 3550** MIAMI, FL 33131 US

#### FEI Number: 65-0651201

# Name and Address of Current Registered Agent:

ZAMORA, ROBERTO 200 SOUTH BISCAYNE BLVD 3550 MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	ROBERTO ZAMORA		04/17/20	04/17/2017	
	Electronic Signature of Registered Agent		Date		
Officer/Director Detail :					
Title	PD	Title	SD		
Name	ZAMORA, ROBERTO JSR.	Name	ZAMORA, MARIA J		
Address	200 SOUTH BISCAYNE BLVD., SUITE 3550	Address	200 SOUTH BISCAYNE BLVD, SUITE 3550		
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131		

Certificate of Status Desired: No

### 04/17/2017 Date

### FILED Apr 17, 2017 Secretary of State CC8905443229