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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: SOURAYA RADWAN

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: AMICORP U.S. DIRECTOR SERVICES LLC **Current Principal Place of Business:**

1001 BRICKELL BAY DRIVE **SUITE 2414** MIAMI, FL 33131

Current Mailing Address:

1001 BRICKELL BAY DRIVE **SUITE 2414** MIAMI, FL 33131 US

FEI Number: 56-2634743

Name and Address of Current Registered Agent:

AMICORP CORPORATE SERVICES LLC 1001 BRICKELL BAY DRIVE SUITE 2414 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	CAREEN BYFIELD-LEYSHON			01/03/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGER	Title	MANAGER	
Name	BYFIELD LEYSHON, CAREEN A.	Name	RADWAN, SOURAYA T. M.	
Address	CARLETON COURT, 2ND FLOOR HIGH STREET	Address	CALLE PAU CLARIS 165 3RD FLOOR	
City-State-Zip:	BRIDGETOWN BB11128	City-State-Zip:	BARCELONA 08037	

Certificate of Status Desired: No

DOCUMENT# L05000117009

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

01/03/2023

FILED Jan 03, 2023 Secretary of State 2118514843CC

Date