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.

SIGNATURE: CACCIATORE, XAVIER

City-State-Zip: NEW YORK NY 10004

Electronic Signature of Signing Officer/Director Detail

VP

02/20/2017

<u>2017</u>	FOREIGN P	ROFIT COP	RPORATION	REPORT

DOCUMENT# F13000001908

Entity Name: COPEX INDUSTRIES, INC.

Current Principal Place of Business:

44 WEST FLAGLER ST SUITE 475 MIAMI, FL 33130

Current Mailing Address:

44 WEST FLAGLER ST SUITE 475 MIAMI, FL 33130 US

FEI Number: 26-4028648

Name and Address of Current Registered Agent:

ATRIUM CPA 44 WEST FLAGLER ST SUITE 2300 MIAMI, FL 33130 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	E: ALINE DARMOUNI			02/20/2017			
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
Title	PD	Title	VP				
Name	OPITZ, WILLY	Name	CACCIATORE, XAVIER				
Address	44 WEST FLAGLER ST SUITE 475	Address	44 WEST FLAGLER ST SUITE 475				
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130				
Title	S						
Name	LINDER, HERVE						
Address	17 BATTERY PLACE, SUITE 1307						

Certificate of Status Desired: No

FILED Feb 20, 2017 Secretary of State CC2250795732

Date