56560

| (Requesto | rs Name) | |
|---|------------------------|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP | WAIT MAIL | |
| | Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of Status | |
| Special Instructions to Filing Officer: | | |
| | | |
| Offic | ce Use Only | |

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: March 17, 2020

Order#: 225043/070

Re: INVESTACORP INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX ___ Return Regular Mail in the enclosed envelope.

Attn: Meghan Groom

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

| r . | - | 2, 607.1508, or 617.1508, Florida Statutes, this |
|--|---|--|
| - 1 | nge is submitted for a corporation organi r to change its registered office or registe | red under the laws of the State of red agent, or both, in the State of Florida. |
| | | rea agent, or both, in the state of Florida. |
| 1. The name of the | he corporation: INVESTACORP INC. | |
| 2. The principal | office address: | |
| 4400 BISCAYN | E BLVD 11TH FLOOR MIAMI, FL 3313 | 7 |
| 3. The mailing a | ddress (if different): | , <u></u> |
| 4. Date of incorp | oration/qualification: 01/26/1978 | Document number: 565610 |
| 5. The name and Florida Depar | street address of the current registered at tment of State: (If resigned, enter resigne | gent and registered office on file with the |
| | CORPORATE CREATIONS NETWOR | RK INC. |
| | 801 US HIGHWAY 1 | D' 1 |
| | NORTH PALM BEACH, FL 33408 | وه |
| 6. The name and (if changed): | street address of the new registered ager | it (if changed) and /or registered office |
| | Corporation Service Company | |
| | 1201 Hays Street | |
| | · · · · · · · · · · · · · · · · · · · | NOT acceptable |
| | Tallahassee | FL 32301 |
| The street addre | ss of its registered office and the street be identical. | address of the business office of its registered agent. |
| Such change was authorized by th | s authorized by resolution duly adopted board, or the corporation has been no | by its board of directors or by an officer so tified in writing of the change. |
| Xie | 2 aoni | Jill Cilmi, Vice President |
| Signatur | e of an officer or director | Printed or typed name and title |
| I further agree to of my duties, an document is beil corporation has | the appointment as registered agent and comply with the provisions of all state of I am familiar with and accept the obline filed merely to reflect a change in the been notified in writing of this change. Service Company | ites relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the |
| By: I Inc | a Tokinbi | 03/17/2020 Date |
| ang. | indute of Registered Agent | Date |
| If signing on be | half of an entity: | |
| | Asst. Vice President | |
| Ty | yped or Printed Name | F 625.00 + 4 + |
| | _ | E: \$35.00 * * * |
| N.4 | MAKE CHECKS PAYABLE TO FLO | ORIDA DEPARTMENT OF STATE |

CR2E045 (04/13)