Division of Corporations Electronic Filing Cover Sheet

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(((H240003416043)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

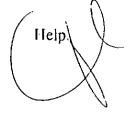
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REGISTERED AGENT CHANGE ITAU INTERNATIONAL SECURITIES INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



To:

By:

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

statement of cha	nge is submitted for a corporation o	7.0502, 607, 1508, or 617, 1508, Florida organized under the laws of the State of egistered agent, or both, in the State of t	DE			
1. The name of	the corporation: ITAU INTERNATION	ONAL SECURITIES INC.				
2. The principal	office address: 200 S BISCAYNE BI	LVD. MIAMI, FL 33131				
3. The mailing a	iddress (if different):					
4. Date of incorp	poration/qualification: 08/30/2007	Document number: F070000	004397			
5. The name and		red agent and registered office on file w				
	Vergam, Paul					
	200 S BISCAYNE BLVD. SUITE 2200					
	MIAMI, FL 33131					
6. The name and (if changed):		dagent (if changed) and for registered of	2024 OCT 11			
	C T Corporation System					
	1200 South Pine Island Road	O. Box NOT acceptable				
	Plantation, Florida 33324	C. BOX SOV acceptance	SSE E			
The street address changed will	ess of its registered office and the s be identical.	treet address of the husiness office of				
Such change was authorized by the	as authorized by resolution duly ad- ne board, or the corporation has bee	opted by its board of directors or by are on notified in writing of the change.	ı officer so			
A owl	1/eguh	PAUL VERGARA - EXECUTIV	E REPRESENTAT			
-		The state of the s				
I hereby accept I further agree to of my duties, and accument is bei corporation has C T Corporation	the appointment as registered age to comply with the provisions of all of I am familiar with and accept the piled merely to reflect a change to been notified in writing of this chars system	nt and agree to act in this capacity. I statutes relative to the proper and co e obligation of my position as register in the registered office address. I here ange.	mplete performance ed agent. Or, if this by confirm that the			
	Shary McGimes	10/9/2024				
· Sig	nature of Registered Agent	Date				
If signing on be	half of an entity:					
Sherry McGinne	s, Assistant Secretary					
T	yped or Printed Name					

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)