| (Rec                      | questor's Name)   |                          |  |  |
|---------------------------|-------------------|--------------------------|--|--|
| (Add                      | iress)            |                          |  |  |
| (Add                      | iress)            |                          |  |  |
| City                      | //State/Zip/Phon  | e #)                     |  |  |
| PICK-UP                   | ☐ WAIT            | MAIL                     |  |  |
| (Bus                      | siness Entity Nar | me)                      |  |  |
| (Document Number)         |                   |                          |  |  |
| Certified Copies          | Certificates      | s of Status              |  |  |
| Special Instructions to F | Filing Officer:   |                          |  |  |
|                           |                   | J. HORNE<br>OCT - 4 2024 |  |  |

Office Use Only

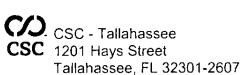


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850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 10/03/24 Order #: 1638119-3 Re: J. Safra Inc.

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.0 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

## Special Instructions:

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

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

| statement of cha  | nge is submitted for a corporat  | 2, 617.0502, 607.1508, or 617.1508, Florida Station organized under the laws of the State of Discourse of the State of Electronic State of Electro | <u> </u>   |  |  |
|---|--|--|--|--|--|
| <del></del>   |  | or registered agent, or both, in the State of Flo  | rraa.  |  |  |
| 1. The name of t  | he corporation: J. SAFRA INC.  |  |  |  |  |
| 2. The principal  | office address: 21500 BISCAY   | NE BLVD AVENTURA, FL 33180   |  |  |  |
| 3. The mailing a  | ddress (if different):   |  | <u> </u>   |  |  |
| 4. Date of incorp   | poration/qualification: 09/10/2  | 2019 Document number: F1900000   | )4149  |  |  |
|   | I street address of the current re<br>tment of State: (If resigned, en   | egistered agent and registered office on file with ter resigned)   | the  |  |  |
|   | C T CORPORATION SYSTE  | EM   |  |  |  |
|   | 1200 SOUTH PINE ISLAND ROAD  |  |  |  |  |
|   | PLANTATION   | FL 33324   |  |  |  |
| 6. The name and (if changed):   | I street address of the new regis  | stered agent (if changed) and /or registered offic   | 2024 OCT -3 PILIZ: 1                                       |  |  |
|   | Corporation Service Compar   | лу   |  |  |  |
|   | دن<br>1201 Hays Street   |  |  |  |  |
|   |  | P.O. Box NOT acceptable  |  |  |  |
|   | Tallahassee  | FL 32301   | . 2: 1   |  |  |
| The street address changed will   | ess of its registered office and be identical.   | the street address of the business office of its i   |  |  |  |
| Such change wa<br>authorized by th  | as authorized by resolution duline board, or the corporation ha  | ly adopted by its board of directors or by an of<br>is been notified in writing of the change.   | fficer so  |  |  |
| /s/ Patrick Barr  | ros  | Patrick Barros   | CEO  |  |  |
| Signatu   | re of an officer or director   | Printed or typed name and title  |  |  |  |
| I further agree a<br>of my duties, an<br>document is bei<br>corporation has | the appointment as registerea<br>to comply with the provisions<br>of I am familiar with and acce<br>ng filed merely to reflect a cha<br>been notified in writing of the<br>Service Company | l agent and agree to act in this capacity. of all statutes relative to the proper and comp<br>pt the obligation of my position as registered a<br>ange in the registered office address, I hereby<br>is change.  | lete performance<br>agent. Or, if this<br>confirm that the |  |  |
| By: M   | ro tokuble   | 10/03/2024   |  |  |  |
| Sig   | nature of Registered Ağçınt  | Date   |  |  |  |
| If signing on be  | half of an entity:   |  |  |  |  |
|   | Asst. Vice President   | <del></del>  |  |  |  |
| T   | yped or Printed Name   |  |  |  |  |
|   | * * * F1   | LING 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)
COA-10556