

J18236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

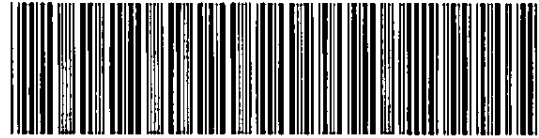
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 23 2017
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Banco do Brasil Americas
Name of Corporation

DOCUMENT NUMBER: J18236

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Leonard R Whyte
Name of Contact Person

Banco do Brasil Americas
Firm/Company

1221 Brickell Ave Suite 2200
Address

Miami FL 33131
City/State and Zip Code

lwhyte@bbamericas.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonard R Whyte at (305) 350-1115
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED
17 OCT 18 00 44 00
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Banco do Brasil Americas

2. The principal office address: 1221 Brickell Ave Suite #2200 Miami, FL 33131

3. The mailing address (if different):

4. Date of incorporation/qualification: 06/05/1986 Document number: J18236

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

2 S Biscayne Boulevard
Suite 3870
Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

1221 Brickell Ave Suite #2200 Miami, FL 33131

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Antonio Cassio Segura

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date

If signing on behalf of an entity:

Leonard R Whyte

Typed 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