L14000011711

| (Re | questor's Name) | |
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| (Ad | dress) | - |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

| Date: | 02/18/2025 | | | | |
|--------------|------------------------|-----------------|-------------------|-----------------|--|
| Name: | Ovidshel Occe | ean Jr. | | | |
| Reference # | 26577 | '84 | | | |
| | : | | FINANCE, LL | С | |
| _ | es of Incorporation/. | Authorization (| o Transact Busine | 9 88 | |
| ✓ Chan | ge of Agent | | | | |
| ☐ Reins | statement | | | | |
| ☐ Conv | ersion | | | | |
| ☐ Merg | er | | | | |
| ☐ Disso | olution/Withdrawal | | | | |
| ☐ Fictiti | ous Name | | | | |
| ☐ Other | · | | | | |
| Authorized A | Amount: T, Guen Jun | \$25.00 | | | |
| Signature: | V // | | | | |

F: 800.944.6607

COVER LETTER

TO:

| TO: | Registration Section Division of Corporations | | |
|---------|---|--|--|
| ei ib i | IN IN | ITER US FINANCE, LLC | |
| SUBJ | UBJECT:Name of Limited Liability Company | | |
| Dear : | Sir or Madam: | | |
| The e | nclosed Registered Agent/Registered Offic | ce Change and fee(s) are submitted for filing. | |
| | | | |
| Please | e return all correspondence concerning this | s matter to the following. | |
| | | | |
| | John Torola | | |
| | Name of Person | | |
| | INTER US FINANCE, LLC | | |
| | Firm/Company | | |
| | TO 4 D 1 1 11 14 4 1 D 1 4 1 Contra 200 | 2 | |
| | 501 Brickell Key Drive, Suite 202 | <u> </u> | |
| | Address | | |
| | Miami, FL 33131 (USA) | | |
| | City/State and Zip Code | | |
| | john.torola@inter.co / corporategorvemano | ce@inter.co | |
| | E-mail address: (to be used for future annu | | |
| For fi | urther information concerning this matter, p | please call: | |
| | John Torola | _ at () | |
| | Name of Person | _ at () | |
| | STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| | Registration Section | Registration Section | |
| | Division of Corporations | Division of Corporations P.O. Box 6327 | |
| | Clifton Building 2661 Executive Center Circle | Tallahassee, Florida 32314 | |
| | Tallahassee, Florida 32301 | ratianussee, Florida 52514 | |
| | Enclosed is a check for the following | amount: | |
| | □ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | |
| INHS | 18 (2/14) | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| i. | Na | lame of the limited liability company:INTER US FINANCE, LLC | | | FINANCE, LLC |
|-----------|----------------------|---|--|---|---|
| | | 501 Brickell Key Drive | | (b) | 501 Brickell Key Drive |
| ٠. | (ω) . | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | \(\lambda\) | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | Suite 202 | | | Suite 202 |
| | | Miami, FL 33131 | | | Miami, FL 33131 |
| | | 1/22/2014 | | | L14000011711 |
| 3. | | Date of filing/registration in Florida | 4. | | Document number |
| 5. | (a) | BP TAX ADVISORY LLC | | | |
| <i>J.</i> | (4) | BP TAX ADVISORY LLC Registered Agent and Registered Office shown on the records o | f the Flo | ida Dept. of State | : |
| | | 848 Brickell Ave | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET | ADDRE | ESS) | |
| | | Suite 203 | | | |
| | | Miami, F | 'L | 33131 | 2025 TĂĽĹ |
| | | | | | FEB THAN |
| | (b) | Cogency Global Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | | | 30 <u>30 </u> |
| | | Enter name of NEW Registered Agent and/or NEW Registere | ed Office | address: | SEEC P |
| | | 115 North Calhoun Street, Suite | e 4 | | |
| | | NEW Registered Office Address: | | | FILED 2025 FEB 18 PH12: 48 TÄLLÄHÄSSEE, FLORIDA |
| | | | | 32301 | |
| the age | ignatision oblimeret | mited liability company is not organized under the lange or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited language in the case of a Florida limited language in the operating agreement of the companization or the operating agreement of the case of a member of a member of a member of a member and agreement as registered agent and agriculture of a statutes relative to the proper and complete in the proper and completely reflect a change in the registered office address. It is writing of this change. Lauren Thorne, Assistant Secret Registered Apent | of the reliability of the le limite e limite e limite e limite e limite e perfore de for il hereby | gistered office company, it is imited liability d liability com A act in this capa mance of my an Chapter 605, confirm that the | and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in apany. Antonio Cassio Segura - Manager Printed or typed name of signee |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00