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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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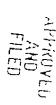
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LLC REGISTERED AGENT CHANGE INSIGNEO FINANCIAL GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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2022 MAR 29 PH 1: 52



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.

1. Na	me of the limited liability company: INSIGNEO I	INANC	CIAL GROUP LLC
	777 BRICKELL AVENUE, SUITE 1010	 (b)	777 BRICKELL AVENUE, SUITE 1010
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33131		MIAMI, FL 33131
		- ·	
	01/05/2017	_	L17000004527
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	HENRIQUEZ, RAUL		
J. (L)	Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State.
	777 BRICKELL AVENUE, SUITE 1010		
	Registered Office Address MUST BE FLORIDA STREET A	DDRESS)	<u>v</u>
	Miami .FL	3313	2022 HAR 29
/L×	Corporate Creations Network Inc.		第25 型
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	Idrese
	801 US Highway 1		<u> </u>
	NEW Registered Office Address:		· 10
	North Palm Beach , FL	33408	08
change agent was/w the art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	s of the S registered bility cor f the limi limited lis	e State of Florida, it is hereby confirmed that after the ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.
	aitlin Lazarus	Cait	itlin Lazarus, Attorney-in-Fact Printed or typed name of signee
	ature of a member or authorized representative of a member	aa ta aas	
I here provis the ob to mei notifie	by accept the appointment as registered agent and agri- ions of all statules relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act to performa I for in Co pereby co	i in inis capacity. I juriner agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Isl Ca	aitlin Lazarus Caitlin Lazarus, Special	Secreta	lary

/s/ Caitlin Lazarus Signature of Registered Agent