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(Re	equestor's Name)
(Ad	ddress)
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	usiness Entity Name)
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
Nam	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
z.bolanos@amicorp.com	
Name of Person	
Amicorp Corporate Services LLC	
Finn/Company	
1001 Brickell Bay Drive, Suite 2908	
Address	
Miami, FL 33131	
City/State and Zip Code	
vl_usasupport@amicorp.com	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Zully Bolanos	+1305 3003921
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	amount:
☑ \$25 Filling Fee	☐ \$55 Filing Fee & Certified Copy

## 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.

Nai	me of the limited liability company: FUNDNOM	ENAL LLO	<u> </u>			
a)	• • • • • • • • • • • • • • • • • • • •			ickell Bay Drive		
	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)			Anding address of limited lia (Note: MAY BE POST O		
	Suite 2908		Suite 29	08		
	Miami, FL 33131	<del>-</del>	Miami, F	L 33131		
	12 January, 2018	Į	_1800001	3103		
	Date of filing/registration in Florida	4.		Document number		
a)	Amicorp Services Ltd. Inc					
	Registered Agent and Registered Office shown on the records of 1001 Brickell Bay Drive	Dept. of State	•			
	Registered Office Address IMPST BE FLORIDA STREET	<u>"ADDRESS)</u>				<u>.</u>
	Suite 2908				8	SIA 35
	Miami , F	L_33131			FEB	
5)	Amicorp Corporate Services LLC				1	. CO.
	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress:		PM	
	1001 Brickell Bay Drive				ુ છા <sub>ય</sub>	ATE ATE
	NEW Registered Office Address					75
	Suite 2908					
	Miami	L 33131				

Signature of a member or authorized representative of a member Agne Anuse, authorized person

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been

Signature of Registery Agent