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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

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## LLC REGISTERED AGENT CHANGE INSIGNEO SECURITIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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## 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.

L N	ame of the limited liability company: INS	SIGNEO S	SECURITIES, LLC
2. (a)	777 BRICKELL AVENUE, SUITE 1010	(b)	777 BRICKELL AVENUE, SUITE 1010
Z. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33131	<del></del> -	MIAMI, FL 33131
	12/24/1998		L98000003420
3.	Date of filing/registration in Florida	4.	Document number
5. (a	, HENRIQUEZ, RAUL		
J. (a	Registered Agent and Registered Office shown on the records of	of the Florida [	Dept. of State:
	777 BRICKELL AVENUE, SUITE 1010		
	Registered Office Address MUST BE FLORIDA STREET	TADDRESS)	
	Miami . I	L3313	
<b>(</b> b)	Corporate Creations Network Inc.		22 H
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office add	2022 HAR 31
	801 US Highway 1		AH.
	NEW Registered Office Address:		AH 10: 52
	North Palm Beach	FL 33408	<u> </u>
ehang agent was/v the ar	limited liability company is not organized under the lege or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the process.	liability cor s of the limi se limited li	npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	Caitlin Lazarus nature of a member or authorized representative of a member		Printed or typed name of signee
l her provi the o	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple bligations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change.	gree to act te performa ded for in C I hereby co	in this canacity. I further garee to comply with the

Caitin Lazarus, Special Secretary

/s/ Caitlin Lazarus Signature of Registered Agent