## 14000000175

| (Requestor's Name)      |   |              |  |  |
|-------------------------|---|--------------|--|--|
|                         |   |              |  |  |
|                         | (Address)   |              |  |  |
|                         |   |              |  |  |
|                         | (Address)   |              |  |  |
|                         | ,   |              |  |  |
|                         | 10 to |              |  |  |
|                         | (City/State/Zip/Phone   | : #)         |  |  |
| PICK-UP                 | WAIT  | MAIL         |  |  |
|                         |   |              |  |  |
|                         | (Business Entity Nam  | e)           |  |  |
|                         |   |              |  |  |
|                         | (Document Number)   |              |  |  |
|                         |   |              |  |  |
| Certified Copies        | Certificate   | se of Statue |  |  |
| Cestified Copies        |   | ss of Status |  |  |
|                         |   |              |  |  |
| Special Instructions to | Filing Officer:   |              |  |  |
|                         |   |              |  |  |
|                         |   |              |  |  |
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|                         | <del></del>   |              |  |  |

Office Use Only



400396388914

2022 OCT 31 AM 10: 42

2022 OCT 31 AH II: 32

A. BUTLER NOV - 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| Phone: 850-558-1500                              |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
| ACCOUNT NO. : I2000000195                        |  |  |  |  |  |  |
| REFERENCE : 087215 7845938                       |  |  |  |  |  |  |
| AUTHORIZATION Small Class                        |  |  |  |  |  |  |
| COST LIMIT : 0\$ 25.00                           |  |  |  |  |  |  |
| ORDER DATE : October 31, 2022                    |  |  |  |  |  |  |
| ORDER TIME : 10:37 AM                            |  |  |  |  |  |  |
| ORDER NO. : 087215-010                           |  |  |  |  |  |  |
| CUSTOMER NO: 7845938                             |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| CHANGE OF AGENT                                  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| NAME: XP INVESTMENTS US, LLC                     |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| DI ELGE DEMUNDA MUE POLICOVINA LA DROCE OR DELMA |  |  |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  |  |  |  |  |  |  |
| CERTIFIED COPY XX PLAIN STAMPED COPY             |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| CONTACT PERSON: Eyliena Baker                    |  |  |  |  |  |  |

EXAMINER'S INITIALS:

## 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                                      | ame of the limited liability company: XP INVESTMEN  | ITS US                                      | , LLC   |  |
|-----------------------|---|---|---|---|--|
| 2.                    |   |   |   |   |  |
|                       | ()                                      | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | _ `   | <u>.</u>  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|                       |   | 701 BRICKELL AVE SUITE 2120 MIAMI, FL 33131   | _   | 701 BR  | RICKELL AVE SUITE 2120 MIAMI, FL 33131   |
|                       |   | 01/09/2014  | _   | M140000   | 000175   |
| 3.                    |   | Date of filing/registration in Florida  | 4.  |   | Document number  |
|                       | (a)                                     | Registered Agent and Registered Office shown on the records of table Adelia, Gomez  Registered Office Address  1201 HAYS STREET   |   |   |  |
|                       | (b)                                     | Enter name of NEW Registered Agent and/or NEW Registered  | Office a                                    | ddress:   | DOZZOCI 31 A   |
|                       |   | Corporation Service Company   |   |   | AFID: 42   |
|                       |   | NEW Registered Office Address:  |   |   | — <del>1</del>   |
|                       |   | 1201 Hays Street  | =.  |   |  |
|                       |   | Tallahassee FL_   | 32301                                       |   |  |
| ch<br>ag<br>wa<br>the | ange<br>ent v<br>is/we<br>arti          | imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the IAdelia Gomez | register<br>bility c<br>f the lir<br>imited | ed office a<br>ompany, it<br>nited liabil<br>liability co | and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.  |
|                       |   | ture of a member or authorized representative of a member   |   | elia Gome:<br>-   |  |
| In proting the no     | herei<br>ovisi<br>obl<br>mere<br>tified | by accept the appointment as registered agent and agre<br>ons of all statutes relative to the proper and complete p<br>igations of my position as registered agent as provided<br>ely reflect a change in the registered office address. I had<br>I in writing of this change.                          | ee to ac<br>perform<br>for in<br>erehy c    | t in this ca<br>ance of my<br>Chapter 60<br>confirm tha   | Printed or typed name of signee apacity. I further agree to comply with the v duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been |