M15000008487

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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		102.			

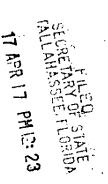
Office Use Only



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APR 1 8 2017 S. YOUNG





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 13, 2017

Order#: 598980-005

Re: ATLANTICO CAPITAL PARTNERS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA



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: ATLANTICO	CAPITAL	PARTNERS	SLLC
2. (a)	175 SW 7th Street, Suite 1711 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 33130			
2	10/22/2015		M150000	
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Miguel Bermejo			
	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of Stat	e: Fo
	175 SW 7th Street, Suite 1711			_ FG
	Registered Office Address (MUST BE FLORIDA STREE	E <u>T ADDRES</u>	<u>S)</u>	AHAS AHAS
	Miami ,	FL <u>3313</u>	0	APR 17 PHI2: 23
(b)	Corporation Service Company			**
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office ac	ldress:	- w 🖫
	1201 Hays Street			
	NEW Registered Office Address:			-
				-
	<u>Tallahassee</u> ,	FL <u>3230</u>	1	-
the cha agent w was/we	mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the street of the street of the street or the operating agreement of the operating	of the regit I liability c rs of the lin	istered offic ompany, it i nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Miguel Bermejo	Mig	juel Bermejo	o, Authorized Person
I herel provision the oblit to mere notified	ure of a member or authorized representative of a member by accept the appointment as registered agent and cons of all statutes relative to the proper and completigations of my position as registered agent as providive reflect a change in the registered office address, it in writing of this change. The of Registered Agent Corporation Service Company	ete perforn ided for in . I hereby c	iance of my Chapter 602 confirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been sper, Asst. Vice President

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