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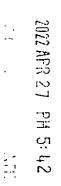
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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04/27/21--01031--006 **25.00



O SIMMONS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscqlobal.com

Date: April 23, 2021

Order#: 774946-035

Re: PARTICIPANT CAPITAL PARTNER INTL, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$\$25.00.

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: Meghan Groom

c/o Corporation Service Company

251 Little Falls Drive 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.

OUCA.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	ume of the limited liability company: PARTICIPANT C	APITA		- ·
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b) 1010 N	E 2ND AVENUE Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33132	<u> </u>	MIAMI,	FL 33132
	02/13/2018		M180000	01571
i. i. (a)	Date of filing/registration in Florida MOISES, SERGIO	4.		Document number
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1010 NE 2ND AVENUE			1022 NPR 27
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			•
	MIAMI, FL	33132		PH 5: 42
(b) <u>.</u>	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office as	<u>Idress</u> :	
	NEW Registered Office Address:			_
	1201 Hays Street			_
	Tallahassee FL_	32301		_
hange gent w /as/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the rafilt be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the liab	egister oility co the lin	ed office ar ompany, it vited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	Xel & GOnes	Jill	Cilmi, Auth	orized Person
Signati	ure of a member or authorized representative of a member		· 	Printed or typed name of signee
rovisio ie obli i mere	y occepy the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	erform for in C reby co	ance of my Thapter 60, onfirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
iotytet	ty reflect a change in the registered office address, I he in writing of this change.			the limited liability company has l

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