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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC REGISTERED AGENT CHANGE INSIGNEO PARTNERS CAYMAN LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

## 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. N	Name of the limited liability company: INSIGNEO PARTNERS CAYMAN LLC		
2. (a)	777 BRICKELL AVENUE, SUITE 1010	(b)	777 BRICKELL AVENUE, SUITE 1010
£ (#/ .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(5)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33131		MIAMI, FL 33131
	09/15/2020		M20000008046
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	HENRIQUEZ, RAUL		
(,	Registered Agent and Registered Office shown on the records of	the Florida l	a Dept. of State:
	777 BRICKELL AVENUE, SUITE 1010		
	Registered Office Address	ADDRESS)	<u> </u>
	Miami , FI	3313	2022 MAR 3 0 FIL.
		·	
(b)	Corporate Creations Network Inc.		
(-,	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ldress · · · · · · · · ·
	801 US Highway 1		——————————————————————————————————————
	NEW Registered Office Address:		: " <b>o</b>
		<u>.</u>	<del></del>
	North Palm Beach , FI	33408	
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	registered ability con of the limit	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
/s/ C	aitlin Lazarus	Caiti	itlin Lazarus, Attorney-in-Fact
_	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act i performated for in Cl hereby cor	t in this capacity. I further agree to comply with th ance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file onfirm that the limited liability company has been
•	aitlin Lazarus, Specia	l Secreta	ary

/s/ Caitlin Lazarus Signature of Registered Agent