El Number:	20-8434385	Certificate of Status Desired: No	
ame and Ac	ddress of Current Registered Agent:		
RAL GABLES	CARDO BRA CIRCLE, 9TH FLOOR, 5, FL 33134 US entity submits this statement for the purpose of changing its regis:	ered office or regis	tered agent, or both, in the State of Florida.
GNATURE:	RICARDO THOMPSON		01/20/2
	Electronic Signature of Registered Agent		Dat
ficer/Direc	tor Detail :		
le	DP	Title	DVP

DOCUMENT# P05000164157

Entity Name: NORTH ALLIANCE INVESTMENTS CORP.

### **Current Principal Place of Business:**

C/O 396 ALHAMBRA CIRCLE, 9TH FLOOR, CORAL GABLES, FL 33134

#### **Current Mailing Address:**

C/O 396 ALHAMBRA CIRCLE, 9TH FLOOR, CORAL GABLES, FL 33134

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SIGNATURE	RICARDO THOMPSON			01/20/2016	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	DP	Title	DVP		
Name	THOMPSON, ANDRES	Name	THOMPSON, RICARDO		
Address	C/O 396 ALHAMBRA CIRCLE, 9TH FLOOR	Address	C/O 396 ALHAMBRA CIRCLE, 97 FLOOR	Ή	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICARDO THOMPSON

DIRECTOR

## 01/20/2016

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 20, 2016 **Secretary of State** CC1311112402