2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000051077

Entity Name: BCICAPITAL, INC.

Current Principal Place of Business:

C/O CITY NATIONAL BANK OF FLORIDA

ATTN: LEGAL DEPARTMENT 100 SE 2ND STREET, 13TH FLOOR

MIAMI, FL 33131

Current Mailing Address:

C/O CITY NATIONAL BANK OF FLORIDA

ATTN: LEGAL DEPARTMENT 100 SE 2ND STREET, 13TH FLOOR

MIAMI, FL 33131 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title S&SVP Title ASSTS

Name POWERS, MICHAEL Name CARBALLO, MARIO

Address C/O CITY NATIONAL BANK OF Address C/O CITY NATIONAL BANK OF

FLORIDA FLORIDA

100 SE 2ND STREET, 13TH FLOOR 100 SE 2ND STREET, 13TH FLOOR

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title SVP Title SVP

Name TROLLINGER, MARK Name SERIO, JOSEPH

Address C/O CITY NATIONAL BANK OF Address C/O CITY NATIONAL BANK OF

FLORIDA FLORIDA

100 SE 2ND STREET, 13TH FLOOR 100 SE 2ND STREET, 13TH FLOOR

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title D Title D

Name GONZALEZ, JORGE Name YARUR, DIEGO

Address C/O CITY NATIONAL BANK OF Address C/O CITY NATIONAL BANK OF

FLORIDA FLORIDA

100 SE 2ND STREET, 13TH FLOOR 100 SE 2ND STREET, 13TH FLOOR

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title DP Title D

Name CIRA, THOMAS Name SHAVEL, LEONARD

Address C/O CITY NATIONAL BANK OF Address C/O CITY NATIONAL BANK OF

FLORIDA FLORIDA

100 SE 2ND STREET, 13TH FLOOR 100 SE 2ND STREET,13TH FLOOR

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

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: MARIO CARBALLO ASSTS 02/24/2021

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 24, 2021

Secretary of State

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