

**2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000117009

**Entity Name:** AMICORP U.S. DIRECTOR SERVICES LLC

**FILED**  
**Dec 14, 2017**  
**Secretary of State**  
**CC1464225526**

**Current Principal Place of Business:**

1001 BRICKELL BAY DRIVE  
SUITE 2908  
MIAMI, FL 33131

**Current Mailing Address:**

1001 BRICKELL BAY DRIVE  
SUITE 2908  
MIAMI, FL 33131 US

**FEI Number: 56-2634743**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

AMICORP SERVICES LTD.  
1001 BRICKELL BAY DRIVE  
SUITE 2908  
MIAMI, FL 33131 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

**Authorized Person(s) Detail :**

Title            AUTHORIZED REPRESENTATIVE  
Name            BOLANOS, ZULLY  
Address        1001 BRICKELL BAY DRIVE  
                  SUITE 2908  
City-State-Zip: MIAMI FL 33131

Title            AUTHORIZED REPRESENTATIVE  
Name            PEREA, ANTHONY  
Address        1001 BRICKELL BAY DRIVE  
                  SUITE 2908  
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ANTHONY PEREA**

**OFFICER**

**12/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date