

F18 000 004 631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

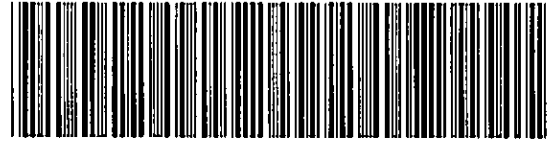
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
22 NOV 27 PM 1:57



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

**REFERENCE # MUST BE ON INVOICE TO BE PAID**

NUMBER PAGES:

Date: September 21, 2022

AE: Kisha Allen

TO: Florida Department of State

1960

REFERENCE: 1849265

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX: 850-687-6381

PLEASE PERFORM THE FOLLOWING:

**LIL' WAVE FINANCIAL, INC.**

**File Change of Registered Agent**

**IN: FL**

**PLEASE RETURN:**

**PLEASE CALL (800)533-7272 ATTN: Kisha Allen TO CONFIRM FILING RESULTS**

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET  
(800)533-7272

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LIL' WAVE FINANCIAL INC.  
Name of Corporation

**DOCUMENT NUMBER:** F1800004631

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Kisha Allen

Name of Contact Person

Paracorp Incorporated

Firm/Company

2804 Gateway Oaks Dr. Suite 100

Address

Sacramento, CA 95833

City/State and Zip Code

paracorp@myparacorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kisha Allen

Name of Contact Person

at (916)

866-4067

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LIL' WAVE FINANCIAL INC.

2. The principal office address: 7525 Topanga Canyon Blvd. Canoga Park, CA 91303

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/05/2018 Document number: F18000004631

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

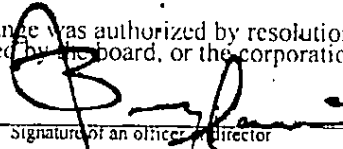
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 NOV 27 PM 1:57

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PARACORP INCORPORATED  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
TALLAHASSEE, FL 32301  
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or Director

Barry Harari - President  
\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

9/21/22  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

JOSE GOMEZ ASSISTANT SECRETARY  
\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)