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. 06/20/2024

SIGNATURE: LIUDMILA VALDES GUILARTE

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent: VALDES GUILARTE, LIUDMILA 13960 SW 24 ST MIAMI FL

DOCUMENT# P18000011309

Current Mailing Address:

FEI Number: 82-4257022

13960 SW 24 ST MUAMI FL, FL 33175

13960SW 24TH MIAMI, FL 33175 US

MIAMI, FL 33175 US

Current Principal Place of Business:

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: LIUDMILA VALDES GUILARTE

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р
Name	VALDES GUILARTE, LIUDMILA
Address	13960SW 24ST
City-State-Zip:	MIAMI FL 33175

Entity Name: ACHE HAIR EXTENSIONS BY LILI VALDES, CORP

FILED Jun 20, 2024 Secretary of State 8523452416CC

Certificate of Status Desired: No

06/20/2024

Date

Date

ONWER