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COVER LETTER

TO: Registration Section Division of Corporations							
SAVI SERVICE FL LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this n	natter to the following:						
CELSO MORAES							
Name of Person							
ASSELFIS INTERNATIONAL LLC							
Firm/Company							
7751 KINGSPOINTE - UNIT 128							
Address							
ORLANDO/FL - 32819							
City/State and Zip Code							
celsovm@asselfis.com.br							
E-mail address: (to be used for future annual	report notification)						
For further information concerning this matter, ple	ase call:						
CELSO MORAES	407 765-4480						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:							
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						
INHS18 (2/14)							

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company:	SAVI SERVICE	FLI	-LC		
2	(a)	13224 HEATHER MOSS DR -	SUITE 1205	(132	224 H	EATHER MOSS DR-SUITE 1205
	(-)	Principal office address of limited li		- `	-, <u> </u>	M	failing address of limited liability company:
		(Note: MUST BE STREET / ORLANDO / FL - 32837 - US			ODI	LANIE	(<u>Note: MAY BE POST OFFICE BOX)</u> OO / FL - 32837 - US
		OKEANDO / FE - 3203/ - 03		-		LANL	00 / FL - 3283/ - US
		01/24/2017		•	L170	0000	19238
3.		Date of filing/registration in	n Florida	4.			Document number
5	(a)	ASSELFIS INTERNATIONAL	LLC				
٥.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 7751 KINGSPOINTE - UNIT 128			of State		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				17 HAR -3	
		ORLANDO	, FL_3	2819			-3 P2
	(b)	NEWTON ROBERTO SAVIANI E SILVA				PM 2: 24	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		13224 HEATHER MOSS DR - SUITE 1205					
		NEW Registered Office Address:			•		
		ORLANDO	, FL_3:	2837			
the ag	e cha ent w	nge or changes are made, the Florida vill be identical. Or, in the case of a are authorized by an affirmative vote class of organization or the operating	street address of the Florida limited liab of the members of t	ie regi ility c the lin mited	stered ompan nited li liabilit	office y, it is ability y com	rida, it is hereby confirmed that after and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. DBERTO SAVIANI E SILVA
_;	Signat	ure of a member or authorized representative	of a member				Printed or typed name of signee
I in protect to no	herel ovisi e obli mere tified	by accept the appointment as register ons of all statutes relative to the pro- igations of my position as registered ly reflect a change in the registered in writing of this change.	red agent and agree	e to ac erforn for in reby c	t in thi sance of Chapte onfirm	is capa of my a er 605, that t	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Si	gnatui	of Registered Agent		/=-			