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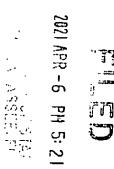
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Contillation of Change				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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JUN 07 7021 ALBRITTON

COVER LETTER

TO:	Registration Section Division of Corporations	•		
SUBJE	LJLI SERVICES LLC			
.,	Name of Limited Liability Company			
Dear Si	r or Madam:			
The enc	closed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.		
Please r	return all correspondence concerning this matte	er to the following:		
Giovana	Camargo de Brito			
	Name of Person	 _		
LILI SE	RVICES LLC			
	Firm/Company			
11312 C	Citra Circle Apt #304			
	Address			
Winderr	mere, FL 34786			
	City/State and Zip Code			
_	vana782@gmail.com			
E-	mail address: (to be used for future annual rep	ort notification)		
For furt	her information concerning this matter, please	call:		
Gidvana	Camargo de Brillamargo de Brita at (867-8523		
	Name of Person	Area Code & Daytime Telephone Number		
	Mailing Address:	Street Address:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations The Centre of Tallahassee		
	P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	rananassee, r E 52514	Tallahassee, FL 32303		
	Enclosed is a check for the following amour	nt:		
	■ \$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.

Na	me of the limited liability company: LILI SERVI	ICES LLC		
. (a)	11312 Citra CircleApt 304, Windermere FL 34786	(b) 1	(b) 11312 Citra CircleApt 304, Windermere FL 34786 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			
	03/27/2018		8000078130	
(a) (b)	Date of filing/registration in Florida DE BRITO, JOSE INACIO	4.	Document number	
	Registered Agent and Registered Office shown on the record DE BRITO, JOSE INACIO	rds of the Florida Dep	pt. of State:	
	Registered Office Address (MUST BE FLORIDA STR 11312 Citra Circle Apt #304	EET ADDRESS!	·	
	Windermere	FL 34786	2021	
	Giovana Camargo de Brito Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	stered Office addres	2021 APR -6 PM 5: 2	
	Giovana Camargo de Brito		i i i i i i i i i i i i i i i i i i i	
	NEW Registered Office Address:			
	11312 Citra Circle Apt #304			
	Windermere	_, FL		
ange ent v is/we e arti	imited liability company is not organized under the or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of organization or the operating agreement of the manager of the members of organization or the operating agreement of the company	of the registered o ed liability compa pers of the limited f the limited liabi	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in	
ignat	fre of a member or authorized representative of a member		Printed or typed name of signee	
wisi obl mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as problem of the change in the registered office addres I in writing of this change.	olete performance	? of my duties, and I am familiar with and acce	

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent