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(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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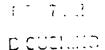


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Division of Corporations			
VILAVI USA, LLC SUBJECT:			
	ted Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to	o the following:		
ANDREY GOLEV	<u> </u>		
Name of Person			
VILAVI USA, LLC			
Firm/Company			
18975 COLLINS AVE, UNIT #2903			
Address			
SUNNY ISLES BEACH, FL 33160		2022	
City/State and Zip Code	 ; ;		
USA@VILAVLCOM	· 	<u>ي</u> آ	
E-mail address: (to be used for future annual report			
For further information concerning this matter, please cal	II:	9: 20	
ANDREY GOLEV 786		0	
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
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: VILAVI USA, LL	.C			
2. (a	1)		_	(h)		JNS AVE, UNIT #2903
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				iling address of limited liability company: Note: MAY BE POST OFFICE BON)
		SUNNY ISLES BEACH			SUNNY ISLI	ES BEACH
		FL 33160			FL 33160	
		06/26/2022		l_	20000047712	2
3.		Date of filing/registration in Florida	4.		De	ocument number
5. (a)	GOLEV, ANDREY				
. ,	,	Registered Agent and Registered Office shown on the records of t 15811 COLLINS AVE	he Flor	rida I	Dept. of State:	
		Registered Office Address	DDRE	ESS)		
		SUNNY ISLES BEACH FL.	33160)		2022 JUL
(t) ,	Enter name of NEW Registered Agent and/or NEW Registered	Office	addı	ress:	- 5
						759 511
						9.
		NEW Registered Office Address:				₽ 0
		18975 COLLINS AVE, UNIT #2903				,
		SUNNY ISLES BEACH, FL_	33160)		
chan agen was/	ge LW	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility f the li limited	ered con limit d lia	office and to pany, it is he ed liability c bility compa	he business office of the registered ereby confirmed that the change(s) company or as otherwise provided in any.
Sin		are of a member or authorized representative of a member	<u>-</u>	NDI	REY GOLEV	rinted or typed name of signee
I he prov the o to po notif	rel isio bli ere iea	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I have a change in the registered office address. I have a change in the registered office address. I have a change in the registered of the registered of the change.	e to a perfor in for in ereby	ict ii man n Ch con	a this canaci	iv. I further agree to comply with the