Horida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

⊈Email Address:______

LLC REGISTERED AGENT CHANGE LILI & CO LLC

Certificate of Status	0
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APR 1 0 2023

Help

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

1 1177 1616	" 4		
1. Na	ame of the limited liability company: Lili & CO I	LLC	
2. (a)		((b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th st n, Ste 300		7901 4th st n, Ste 4000
	St. Petersburg, FL 33702		ST. PETERSBURG, FL 33702
	01/03/23		L23000020633
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	MATZ, MICAH Registered Agent and Registered Office shown on the records of	the Flori	ida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET & 829 SW 102ND WAY 105	<u>ADDRES</u>	(SSS)
	PEMBROKE PINES , FI.	. 3302	25
(b)	Registered Agents Inc		
(1)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	address.
	7901 4th St N		
	NEW Registered Office Address:		2
	STE 300		2023 A
	St. Petersburg	3370	02
he cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members called of organization or the operating agreement of the	the reg ability of the li	gistered office and the business office of the regis company, it is hereby confirmed that the change(s imited liability company or as otherwise provided
	Ru-Lic and provide ture of a member or authorized representative of a member		ROBIN JONES
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been natified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent