P22000013057

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE			
APR 2 5 2022			
<u> </u>			





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COVER LETTER

TO:	Amendment Section	•
	Division of Corporations	
SURJ	ECT: PIL SERVICES INC	
Name	of Corporation	
DOC	UMENT NUMBER: P22000013057	
The er	nclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning thi	s matter to the following:
ALEK	SANDR BEKKERMAN	
Name	of Contact Person	
PIL SI	ERVICES INC	
Firm/0	Company	
4625 I	LAUREL TREE RD UNIT B	
Addre	ess	
BOYN	STON BEACH FL 33436	
City/S	State and Zip Code	
	ANNA@PILSERV.COM	
E-ma	il address: (to be used for future annua	l report notification)
	`	,
For fu	rther information concerning this matter.	please call:
	<u> </u>	
ALEK	SANDR BEKKERMAN	at (847) 366-3434 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: PIL SERVICES 1	REE RD UNIT B BOYNTON BEACH FL 33436	
2. The principa	al office address:		
3. The mailing	address (if different): 3100 DUND	DEE RD SUITE 203 NORTHBROOK IL 60062	
4. Date of inco	prporation/qualification: 01/20/2022	Document number: P22000013057	
5. The name ar		istered agent and registered office on file with the	
	ALEKSANDR BEKKERMAN		
	4625 LAUREL TREE RD UNIT	SECUL A	
		R & SSS	
6. The name ar (if changed)	nd street address of the new registe	Fred agent (if changed) and /or registered office	
	RINDNER EUGENIA M	22	
	4625 LAUREL TREE RD UNIT B		
P.O. Box NOT acceptable			
	BOYNTON BEACH FL 33436		
The street add as changed wi	ress of its registered office and th II be identical.	e street address of the business office of its registered agent,	
Such change vauthorized by	vas authorized by resolution duly the board or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
	he Det	ALEKSANDR BEKKERMAN	
Signature of an officer or director		Printed or typed name and title	
I further agree of my duties, a document is be	nt the appointment as registered as to comply with the provisions of ind I am familiar with and accept eing filed merely to reflect a chan as been notified in writing of this	gent and agree to act in this capacity, all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address. I hereby confirm that the change.	
•		04/01/2022	
Eur			
Eur	ignature of Registered Agent	Date	
Eur	ignature of Registered Agent ochalf of an entity:	Date	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314