L21 DDU H11 239

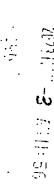
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	OVERHAUSER CONSULTING	3. LLC		
500012		Name of Limited I	Liability Company	
Dear Si	r or Madam:			
The enc	losed Registered Agent/Registered	Office Change and	d fee(s) are submitted for fil	ing.
Please r	eturn all correspondence concerning	g this matter to the	following:	
Joan Ov	erhauser			
	Name of Person	···-		
Overhau	ser Consulting			
	Firm/Company			
7480 Oa	k Tree Lane			۵. 😒
	Address		- <u></u>	MAL.
Spring 1	iil, FL 34607			
	City/State and Zip Cod	e	<u> </u>	
jovermat	ch@gmail.com			
E-	mail address: (to be used for future	annual report notil	fication)	4.1 (2)
For furtl	ner information concerning this mat	ter, please call:		
Joan Ove	erhauser	901	607-4548	
	Name of Person	at (Area Code & Daytime To	elephone 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	
i	Enclosed is a check for the followi	ng amount:		
Į	□ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Co	opy .

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.

Name of the limited liability company: OVERHAUSER CONSULTING, LLC							
2 (a)		(b)				
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	7480 Oak Tree Lane		7480 Oak 1	Tree Lane			
	Spring Hill FL 34607		Spring Hill	I FL 34607			
	09/16/2021		L210004112	239			
3.	Date of filing/registration in Florida	— 4.		Document number			
5 ()	United States Corportion Agents, Inc						
5. (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	- v:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-			
	476 Riverside Ave	100000000000000000000000000000000000000	<u></u>				
	Jacksonville Fl	32202		-			
41.5	Joan Overhauser		•••	(2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				-			
	NEW Registered Office Address:						
	7480 Oak Tree Lane			••			
	Spring Hill , FI	34607		-			
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members dicles of organization or the operating agreement of the	registere ability eco of the lim limited l	ed office and impany, it is nited liability	f the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in			
Signa	ture of a member or authorized representative of a member	-		Printed or typed name of signee			
provisi the obl to merc	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I will mariting of this change.	ree to act perform d for in C hereby co	in this capa ance of my a Thapter 605, onfirm that t	wity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been			
Signatu	re of Registered Agent						