L06000068510

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

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COVER LETTER

	gistration Section vision of Corporations							
SUBJECT	OVERSEAS INVESTMENT, L	LC						
Name of Limited Liability Company								
Dear Sir or	Madam:							
The enclose	ed Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.					
Please retur	rn all correspondence concernin	g this matter to the	ne following:					
Holly Nikol	ich							
	Name of Person							
Mika & Nik	olich, PA							
	Firm/Company							
1330 Main S	Street, 2nd Floor, Office 1							
	Address							
Sarasota, FL	. 34236							
	City/State and Zip Co	de						
Holly1@mn	firm.com							
E-mai	l address: (to be used for future	annual report no	tification)					
For further	information concerning this ma	tter, please call:						
Holly Nikoli	ich	941 at (345-7941					
	Name of Person		Area Code & Daytime Telephone Number					
Reg Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enc	closed is a check for the follow	ving amount:						
a :	325 Filing Fee		\$55 Filing Fee & Certified Copy					
INHS18 (2/1	4)							

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: OVERSEAS INV	'ESTME	ENT, LLC				
2. (a	a)	786 S. Orange Avenue, Sarasota, FL 34236 (b			range Avenue, Saras	sota, FL 34	236	
`	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
2		07/10/2006		L06000068				
3.		Date of filing/registration in Florida Margaret Shoaf	4.		Document numb	er		
5. (a)		Registered Agent and Registered Office shown on the records of 49 N. Washington Blvd., Suite 29 Registered Office Address (MUST BE FLORIDA STREET)	ate:					
		Sarasota FL	34236		_	-1	20	
(b)	Holly Nikolich				TĂLLAHASS	2023 AUG	-11	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	iddress:	_	HAS	G -7		
	1330 Main Street. 2nd Floor, Office 1				SEE.		in	
		NEW Registered Office Address:			_	FLORIDA	AM 9: 05	
		Sarasota , FL	34236		_			
chan agen was/	ige it v 'we	imited 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- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of of the li	red office ar company, it mited liabili	nd the business off is hereby confirment ity company or as o	fice of the ed that the	register change	ed (s)
		Miles	Fri	edrich Mayr,				
I he prov the o to m notif	rel isi obl. ere liec	were of a member or authorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I if I in writing of this change.	ree to ac perform d for in hereby (et in this cap nance of my Chapter 60 confirm that	Printed or typed nate of typed nate of the parties, and I am first. S. Or, if this is the limited liability.	ree to coi	nnlv wi	th the accept g filed een