L10000113327

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

JUL 23 2012

EXAMINER

COVER LETTER

	gistration Section vision of Corporations	,	
SUBJECT: OVERMARINE USA LLC Name of Limited Liability Company			
Dear Sir o	or Madain:		
The enclose	sed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please retu	urn all correspondence concerning this	matter to the following:	
and the self-tree of th	STEFANO ARLUNNO Name of Person		
	Name of Person		
	OVERMARINE USA LLC Firm/Company		
	823 NE 3rd STREET Address		
DANIA BEACH, FL, 33004 City/State and Zip Code		SECRETARY FALL AHASSE	
Sa@overmarine.com E-mail address: (to be used for future annual report notification)		im_	
	r information concerning this matter, pl		į
	STEFANO ARLUNNO at ((786) 440-3434 Area Code & Daytime Telephone Number	
Re Dir Cli 26 Tal	REET/COURIER ADDRESS: registration Section vision of Corporations ifton Building 61 Executive Center Circle llahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	nclosed is a check for the following an		
\checkmark	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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:	OVERMARINE USA LLC		
2. (a) Principal office address of limited liability compa	ny: 825 NE 3rd STREET		
(Note: MUST BE STREET ADDRESS)	DANIA BEACH, FL, 33004		
(b) Mailing address of limited liability company:	825 NE 3rd STREET		
(Note: MAY BE POST OFFICE BOX)	DANIA BEACH, FL, 33004		
11/01/2010 3. Date of filing/registration in Florida	L10000113327 4. Document number		
5. (a) Registered Agent and Registered Office shown o			
Registered Agent:	CELINE BANDELAC		
Registered Office Address:	1504 BAY ROAD APT# 414 MIAMI BEACH, FL, 33139		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	STEFANO ARLUNNO STEFANO ARLUNNO STEFANO ARLUNNO APT# 1608		
If the limited liability company is not organized under the laws of the State of Florida, Is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member			
Printed or typed name of signce I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00