9/12/2018

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Account Number: 110432003053 Phone : (561)694-8107 Pax Number : (561)694-1639

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## LLC REGISTERED AGENT CHANGE **OVERLOOK 203, LLC**

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

1. The name of the limited liability company is: Overle	ook 203, LLC		
2. (a) Principal office address of the limited liability company:	1102 A1A N		
(Note: MUST BE STREET ADDRESS)	Suita 206		-
	Ponte Vedra Beach, FL 32082		•
(h) Mailing address of limited liability company:	1102 A1A N	<del></del>	-
(Note: MAY BE POST OFFICE BOX)	Suite 206 Ponte Vedra Beach, FL 32082		-
	Tomb Your Season		•
6/2013 <del></del>	L13000082439		•
3. Date of filing/registration in Florida	4. Document number	•	
5.(a) Registered Agent and Registered Office shown		of State:	
Registered Agent:	FINLAY MANAGEMENT, INC	S 😸	-
•	1102 A1A N	13S	
Registered Office Address:	Suite 206	<u> </u>	7
	Ponte Vedra Beach FL 32082	A	-
		- <del>公</del> 22	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW I</u>	Registered Office address:	Y OF	il.
NEW Registered Agent:	Corporate Creations Network Inc.		- O
NAME OF THE PARTY	1 12 9th Decompity Forms Dood #1715	-mard ==	
NEW Registered Office Address:	11380 Prosperity Farms Road #221E	<u> </u>	-
(MUST BE FLORIDA STREET ADDRESS)	Palm Beach Gardens FL 334	110	•
	<u> </u>		-
If the limited liability company is not organized under the law or changes are made, the Florida street address of the registere identical. Or, in the case of a Florida limited liability company an affirmative vote of the members of the limited liability company the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)	ed office and the business office of the regist y, it is hereby confirmed that the change(s) t	ered agent will be was/were authorized	l by
Nicholas Nichols, Atterney-in-Fact			
(Printed or Typed name of signee)  I hereby accept the appointment as registered agent and agree of all statutes relative to the proper and complete performance my position as registered agent as provided for in Chapter 60, in the registered office address. I hereby confirm that the limit	e of my duties, and I am familiar with and a 5, F.S. Or, if this document is being filed to	ccept the obligation merely reflect a chi	s of inge
Nicholas Nicholas Spe			
(Supplier of Revision (LAgent)	cial Secretary		
(Supplier of Revision (LAgent)			
(Signature of Registered Agent)  Division of Corporations, P.O.	cial Secretary		

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