13000175608

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COVER LETTER

,TO: Registration Section Division of Corporations				
OVERTOWN 540 LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
ARTHUR NOGUERA				
Name of Person				
OVERTOWN 540 LLC				
Firm/Company				
175 SW 7 ST STE 1523				
Address				
MIAMI, FL 33130				
City/State and Zip Code				
ARTHUR.NOGUERA@URBANNIC.COM				
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matter, please of	call:			
ARTHUR NOGUERA 3	05 864-0000			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

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.

1. Na	me of the limited liability company: OVERTOWN 5	540 LLC	
2. (a)	175 SW 7 ST STE 1523	(b)	7 ST STE 1523
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
•	MIAMI FL 33130	MIAMI F	FL 33130
	08/09/2018	L130001	75608
3. 5. (a)	Date of filing/registration in Florida ARTHUR NOGUERA	4.	Document number
J. (L)	Registered Agent and Registered Office shown on the records of the 540 NW 7 ST	ne Florida Dept, of Stat	RILED PH 5: 38
	Registered Office Address (MUST BE FLORIDA STREET A. STE 1	DDRESS)	P S
	MIAMI,	33136	38
(b)	ARTHUR NOGUERA Enter name of NEW Registered Agent and/or NEW Registered G 175 SW 7 ST NEW Registered Office Address: STE 1523	Office address:	
	MIAMI, FL_	33130	_
the cha agent v	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered offic bility company, it f the limited liabili	is hereby confirmed that the change(s) ty company or as otherwise provided in impany.
-	ture of a member of authorized representative of a member		Printed or typed name of signee
provisi the obi to mer notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	ce to act in this cap performance of my I for in Chapter 60 tereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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