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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

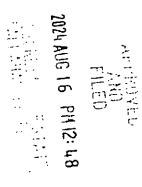
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LLC REGISTERED AGENT CHANGE OVERKOM LLC



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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 hobility company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 8	ame of the limited liability company	OVERKOM LLC			
2. (a)			(b)		
	Principal office address of limited (Note: MUST BE STREET	liability company:		Mailing address of limated hability company: (Note: MAY BE POST OFFICE BON)	
	05/07/19		L190001519		
3.	Date of filing/registration	in Florida 4		Document number	
5. (a	LEGALING CORPORATE SERVICES	INC.			
	Registered Agent and Registered Office sh	own on the records of the Fl	lorida Dept. of Sta	te	
			· - -		
	Registered Office Address <u>(MUST BE</u>				
	476 RIVERSIDE AVE.			_	
	JACKSONVILLE	FL 3220	02		
				_	
(b)		Registered Agents Inc			
	Enter name of <u>NEW Registered Agent</u> an	3.01 NEW Registered Offic	te address:		
	7901 4th St N			APPROVED FILED FILES 48	
	NEW Registered Office Address:	F S S S S S S S S S S S S S S S S S S S			
	STE 300	1			
	St. Petersburg	3370)2	· · · c	
the ch agent was/w the art	ange or changes are made, the Florid will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating	a street address of the r Florida limited liabilit of the members of the agreement of the limit	registered offic y company, it i limited liabilit	orida, it is hereby confirmed that after e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany.	
	Robert Services two of a member or authorized representativ		Robin Jones		
				Printed or typed name of signee	
provis the ob to mer	ions of all statutes relative to the pro- ligations of my position as registered elv reflect a change in the registered d'in writing of this change.	per and compleic perio Lagent as provided för Loffice address, I hereb	ormance of my in Chapter 60, by confirm that	acity. 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	
<u></u>	David Roberts	· Assistant Secreta	ary		