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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE THE OVERTHINKERS CIRCLE LLC

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T. LEMIEUX

AUG 13 2022

## 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.

1 107 1846	The Ove	rthin	kars Cir	clellC			
I. Na	me of the limited liability company: The Ove		Kers Cir				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 7901 4th St N STE 300	(		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  County Rd 455 STE 107 #405  at FL 34711			
	St. Petersburg FL	<del></del>					
	07/08/22	<del>-</del>		305751			
J. (4)	Date of filing/registration in Florida FORTE, SHEMEKA Registered Agent and Registered Office shown on the records of	4.	6.4.19.7	Document num	ber		
	3121 RIVER SPRINGS BLVD  Registered Office Address (MUST BE FLORIDA STREET)	ADDRE!	<u>(SS)</u>				
	CLERMONT	3471	.1			21	
(0)	Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered	d Office :	ddress:			2022 AUG 12 AM	
	7901 4th St N				y. F.	2 ♣	FILED
	NEW Registered Office Address: STE 300				ralitatissee rlokina	8: 40	
	St. Petersburg, FI	3370	)2		·		
the cha agent v	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	the reg iability of the li	gistered office company, it is mited liability	and the busines hereby confirm company or as	ied that the	change	gisteree c(s)
	R: L. Tak.		iley Park	Printed or typed n	ame of signee		
อเริ่นส	nuic of a member of authorities representatives as a member			••	-		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Bill Havre - Assistant Secretary

Signature of Registered Agent