

L2410000037935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

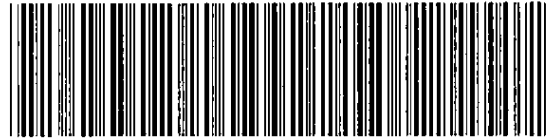
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

U.M.I.S.

Office Use Only



300435410093

08/26/24--01015--016 **25.00

3
1935

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Overage Locators, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexandria Takesian

Name of Person

Overage Locators

Firm/Company

1651 NE 115th St., Suite 38

Address

Miami, FL 33181

City/State and Zip Code

lxtakesian@gmail.com

E-mail address: (to be used for future annual notification)

For further information concerning this matter, please call:

Alexandria Takesian

786

309-6922

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$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 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. Name of the limited liability company: Overage Locators, LLC

2. (a) 9701 Biscayne Blvd. Suite 1006 (b) 9701 Biscayne Blvd., Suite 1006

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Miami, FL 33138

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Miami FL 33138

January 19, 2024

L24000037935

3. Date of filing/registration in Florida

4. Document number

5. (a) Alexandria Takesian

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1651 NE 115th St., Suite 38

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami, FL 33181

(b) Alexandria Takesian

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Alexandria Takesian

NEW Registered Office Address:

9701 Biscayne Blvd., Suite 1006

Miami, FL 33138

If the limited liability company is not organized under the laws of the State of Florida, it 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.

Alexandria Takesian
Signature of a member or authorized representative of a member

Alexandria Takesian
Printed or typed name of signee

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.

Alexandria Takesian
Signature of Registered Agent