P1900033428

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



100338101351

12/23/19--01039--030 **35.00

ZOIS DEC 23 KH 8: 10
SECRETARY STATE
TALL AHASSEE PLOBING

JAN 2.5 2020

IALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Oversea Life Corporation		
DOCUMENT NUMBER: P 19000033428		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Control Person Best Florida Consulting LLC Firm/Company 110 SW 28th Street Address Care Coral / FL / 33914 City/State and Zip Code hartwiche hotmail.com E-mail address: (to be dsed for future annual report notification)		
For further information concerning this matter, please call:		
Juergen Hartwich at (239, 573 - 960) Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Street Address: Amendment Section		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Over Sea Life Corporation 2. The principal office address: 23 23 Del Prado Blvd. S. #6 A
3. The mailing address (if different):
4. Date of incorporation/qualification: April 15th 2019 Document number: P19000033428
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Gerald Altocher
2323 Del Agdo Blvd. S. # 6A
Cape Coral FL 33990
6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed):
Harold K. Zunegg 2323 Del Prado Blvd, S. # 6A P.O. Box NOT acceptable Cape Coral FL 33 990
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Hard K. Zunegg President Signature of an officer or director.
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registored Agent 2 2 0 2 0 9
If signing on behalf of an entity: HAROLD K. ZUNEGG Typed or Printed Name