P99000062579

(Re	equestor's Name)	
,		
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
. PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE, FLORIG.

Mary Sion

COVER LETTER

Division of Corporations
SUBJECT: OUER THE. EDGE PROPERTIES INC. (Name of Corporation)
DOCUMENT NUMBER: P9900062 579
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 Contact Person)
(Name of Contact Person)
OVER THE EDGE PROPRIES INC. (Firm/Company)
235 N.E. 25 ST (Address)
(Address)
MAMI FORIDA 33137 (City/State and Zip Code)
For further information concerning this matter, please call:
Ol6A SUAVEZ (Name of Contact Person) at (305) 431-5065 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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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.
1. The name of the corporation: OVER THE EDGE PROPERTIES INC
2. The principal office address: 235 N.E. 25 Street
Miani Morida 33137
3. The mailing address (if different): POBOX 19099
MiAMI BEACH FLORIDOU 33119
4. Date of incorporation/qualification: Document number: P99000625
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ADAM LUSTIG
200 S. Bierryne Blul #25009
MiAMI HORIDO 33131 PR 5
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): OLGA SUAREZ
235 NE. 25 StoreT (P.O. Box NOT acceptable)
MIAMI, FLORIDA 33127
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.
OLGA SUACEZ (Printed or typed name and title)
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.
(Signification of Registered Agent) Obi 26.09 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *