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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	<del> </del>
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D. BRUCE

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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: OPERA 4308, L.L.C  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:
TRENE B. REEL  Name of Person  LAW Offices OF Lichard Wasenstein, P.A.  Firm/Company
1124 Kane Concourse
BAY Harbor Islands, Pl. 33/54  City/State and Zip Code
ikere Reed @ The-Beach NeT  B-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TRENE B. Red at (805) 86/- 8000  Name of Person at (805) Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 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 608.416 or 608.508, 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: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 registeres 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 forganization or the operation agreement of the limited liability company. member or authorized representative of a member DEWIEL LISTEK.
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 608, 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.

Signature of Registered Agent TPENE & Part .

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00