## L05000052594

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PICK-UP WAIT MAIL				
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09/10/13--01017--001 \*\*125.00



## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Opportunity Partners	s, LLC	
	d Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted fo	r filing.
Please return all correspondence concerning this m	atter to the following:	
Bryon Wolf  Name of Person		
Firm/Company		
1819 Bayview Drive		
Tierre Verde, FL 33715  City/State and Zip Code		13 SEP II
E-mail address: (to be used for future annual report notificate.) For further information concerning this matter, ple		
at (	727 <sub>)</sub> 531-5600	DA -
Name of Person	Area Code & Daytime Telephone N	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 am	ount:	
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified C	ору

## 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.	Nan	ne of the limited liability company: Opportunity Partners, LLC			
2.	(a)	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )	1819 Bayview Drive Tierre Verde, FL 33715		
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	same		
	20/200		L05000052594		
3.	Dat	e of filing/registration in Florida	Document number		
5.	(a)	(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		Registered Agent:	Megan Schultz		
		Registered Office Address:	696 First Avenue North, Suite 100 St. Petersburg, Florida 33701		
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:		
		NEW Registered Agent:	Bryon Wolf		
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1819 Bayview Drive		
		MUST BE I LORIDA STREET ADDRESS	Tierre Verde ,FL 33715		
Sig Bry Co and Chad	nfirm d the bilit e me e ope matur mon we inted here mply d I i	by accept the appointment as registered agent and as with the provisions of all statutes relative to the prount in familiar with and accept the obligations of my poser 608, P.S.) Or fifthfs document is being filed to ments, I have by confirm that the limited liability company are of Registered Agent	gree to act in this capacity. I further agree and complete performance of my distinct and complete performance of my distinct as registered agent as provided in the articles of organization.	vote of on or	
		Division of Corporations, P.O. Box 632	2/, Tallahassee, FL 32314		

**FILING FEE: \$25.00** 

INHS18 (05/08)