L07000004837

| (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: | | | |
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Office Use Only



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ECRETARY OF STATE
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Opulent Holdings, 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 | g this matter to the following: |
| Brian Alvarez (Name of Person) | |
| Opulent Investments, LLC (Firm/Company) | |
| 3925 W CO RD 30-A, Suite B | |
| (Address) | |
| Santa Rosa Beach, FL 32459 | |
| (City/State and Zip Code) | |
| For further information concerning this mat | tter, please call: |
| Brian Alvarez | at (850) 267-1129 |
| (Name of Person) | (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 followi | ng 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 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. The name of the limited liability company is: | Opulent Holdings, LLC | |
| 2. The mailing address of the limited liability con | mpany is: 3925 W CO RD 30-A, S | uite B, Santa Rosa |
| Beach, FL 32459 | | |
| Deadil, 1 L 02400 | | |
| January 16, 2007 L0700000483 | | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. The name of the registered agent and the regist Florida Department of State: | ered office address as shown on the | records of the |
| Opulent Investme | nts, LLC | |
| | Name | |
| 1320 East 8th Aven | | |
| Address | | 78 SE |
| <u>Tampa, FL 33605</u> | S | ES 💄 |
| City, S | State and Zip | 是四片不 |
| 6. The name and address of the new registered ag | ent and/or office: | FILED JUL -2 AH ID: 37 CRETARY OF STATE LLAHASSEE, FLORID |
| Opulent Investmen | ts, LLC | |
| | lame | - ST |
| 3925 W CO RD 30- | | 공음 3 |
| Florida street address | (P.O. Box NOT acceptable) | |
| Santa Rosa Beach | FL 32459 | <u>.</u> |
| City, St | ate and Zip | |
| If the limited liability company is not organized use confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability | ander the laws of the State of Florida ade, the Florida street address of the ll be identical. Or, in the case of a F change(s) was/were authorized by a or as otherwise provided in the article company. | i, it is hereby registered office lorida limited n affirmative vote les of organization |
| (Signature of a member or authorized represedently of a member | 7 | |
| Tim Doyle, MGRM of Opulent Investments, I | LC, MGRM | |
| (Printed or typed name of signee) | | |
| I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fi address, I hereby confirm that the limited liability | ent and agree to act in this capacity to the proper and complete perform of my position as registered agent c led to merely reflect a change in the company has been notified in writi | . I further agree to nance of my duties, as provided for in registered office ng of this change. |

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

(Signature of Registered Agent)