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TALLAHASSEE: FLORIDA

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**EXAMINER** 

## **COVER LETTER**

Division of Co	rporations					
SUBJECT:	Bla	ck Op	al Studio	o, LLC		
	Name of L				· · · · · · · · · · · · · · · · · · ·	
Dear Sir or Madam:						
The enclosed Register	ed Agent/Registered C	office Cl	hange and	fee(s) are subr	nitted for filing.	
Please return all corre	spondence concerning	this mat	tter to the	following:		
	-			-		
	orothy Fournier					
	Name of Person					
	k Opal Studio, LLC					
	Firm/Company					
					£ - 30 -	
1440	1 Bald Eagle Drive					
	Address					
Fort	Myers, FL 33912					
City	/State and Zip Code					
BlackC	OpalStudio@aol.com		<del></del>			
E-man address: (to be t	ised for future annual report n	ouncanon	)			
For further informatio	n concerning this matte	er, pleas	se call:			
,					•	
Dorothy	Fournier	at (	239 )	56	1-1066 or 410-519	<u> </u>
Name of			Area	Code & Daytime To	elephone Number	
STDFFT/COU	RIER ADDRESS:		MAILT	NC ADDDESS	,	
Registration Sec		MAILING ADDRESS: Registration Section				
Division of Cor		Division of Corporations				
Clifton Building		P.O. Box 6327				
2661 Executive			Tallahas	see, Florida 323	14	
Tallahassee, Flo	orida 32301					
Enclosed is a	check for the followin	ig amot	ınt:			
\$25 Filing I	?ee	[	\$55 Fi	ling Fee & Cer	rtified Copy	
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. TO: Registration Section

## 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. Black Opal Studio, LLC 1. Name of the limited liability company: 9908 Gulf Coast Main Street, #105 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Fort Myers, FL 33913 14401 Bald Eagle D (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Fort Myers, FL 33912 L09000056579 June 10, 2009 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: The Company Corporation 2711 Centerville Road, Suite 400 Registered Office Address: Wilmington, DE 19808 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **Dorothy Fournier NEW** Registered Office Address: 14401 Bald Eagle Drive (MUST BE FLORIDA STREET ADDRESS) FL33912 Fort Myers. 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 registered 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 organization or the operating agreement of the limited liability company or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member **Dorothy Fournier** 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

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