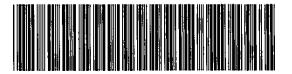
## L15000 128695

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	,
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
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J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Opinio, LLC Name of I	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:			
Jennifer Reynold Name of Person	.5		
545 S. Kello Rd.  Address	Apt. 2216		
Onando F 32° City/state and Zip Code	810		
E-mail address: (to be used for future annual re	eport notification)		
For further information concerning this matter, pleas  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		

□ \$55 Filing Fee & Certified Copy

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\$25 Filing Fee

Enclosed is a check for the following amount:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

Piorida.
1. Name of the limited liability company: Olive LLC
2. (a) (b)
Principal office address of limited liability company:  Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
545 S. Keller Rd. Art. 2216 P.D. Box 536066
J. J. N. 141. 141. 141. 150 J.
Ollandott 52810 Orlandott 52853
A 128/2015 115m128105
<u> </u>
3. Date of filing/registration in Florida 4. Document number
5. (a) Jenniter L. Keynolds
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1650 N. MINC NIE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
$\frac{1}{2}$
$\frac{\text{Dylarko}}{\text{Northernooned}}, \text{FL} \frac{\text{SZ80S}}{\text{FL}} = \frac{1}{2}$
10.001 10 ( ) DIVIN N ( )
Enter name of NEW Registered Agent and/or NEW Registered Office address:
545 5 Valler KA
545 S. Keller Rd.
NEW Registered Office Address:
HDT: 2210
2001
Ullanad
,FL_
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
1 sommules Appenhilas Jenniter L. Keynola
Signature of a member or authorized representative of a member 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
I hereby accept the appointment as redistered agent and agree to act in this capacity. I further agree to comply with the propisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept including the properties of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to increase to increase a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this properties.
to he fely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this leaves and the second seco
10MM Not The Middle
Signature of Registered Agent
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  FILING FEE: \$25.00
₹ ####################################

INHS18 (2/14)