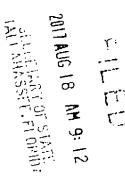
L 15000164226

(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.

Office Use Only



800302514018





K. SALY AUG 2 1 2017

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date:	8/18/1	T. 120160000072		gn: C
Name:	OP41	7140 FFC		
Document #:	<u> </u>	- 110		
Order #:	1060712			
Certified Copy of Arts & Amend:				
Plain Copy: Certificate of Good Standing:				
Apostille/Notarial Certification:		Country of Destination: Number of Certs:		
Filing:	Certified: Plain: COGS:			
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	2,5]	
	(hank you!		

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OPAL 2890, LLC	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Augusto Navarro	
Name of Person	
Firm/Company	
2828 COACOOCHEE ST	
Address	
MIAMI FL, 33133	
City/State and Zip Code	
anavarro@sukugroup.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
Augusto Navarro	305 467-7504
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 following amour	nt:
S25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	•

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.

. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	2828 COACOOCHEE STREET		2828 CO/	ACOOCHEE STREET
	MIAMI, FL 33133		MIAMI, I	FL 33133
	09/28/2015		L1500016	4226
	Date of filing/registration in Florida	4.		Document number
(a)				
()	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Sta	te:
	ROZENCWAIG & NADEL, LLP			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u>s)</u>	_
	301 W HALLANDALE BEACH BLVD			2017 AUG 18
	HALLANDALE BEACH , FI			
		·		-
(b)				γ <u>ε</u> ο Γ
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office no	ldress:	
	CT Corporation System			JITAUG 18 AM 9: 12
	NEW Registered Office Address:			- - - - - -
	1200 South Pine Island Road			-
	Plantation , FL	33324		
ie chai	mited liability company is not organized under the lange or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited live authorized by an affilibative vote of the members of	ws of the f the regi ability co	e State of Fl stered offic ompany, it nited liabili	te and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided in
as/wc	cles of organization or the operating agreement of the	limited	liability cor	npany.
as/wc			/ /	1 //
ras/we ie artic	ure of a marphy or authorized representative of a marphy		_ /tu	acsto Navarru
Signati	ure of a member or authorized representative of a member by accept the appointment as registered agent and age		<u> Hu</u>	Printed or typed name of signee