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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Opal Capital Ventures		
3000	Nar	ne of Limited Liab	pility Company
Dear S	iir or Madam:		
The en	nclosed Registered Agent/Registered Of	fice Change and fo	e(s) are submitted for filing.
Please	return all correspondence concerning the	his matter to the fo	llowing:
Richa	ard Mozer		
	Name of Person		-
	Firm/Company		-
2959	Wyndham Way		
	Address	***	•
Melbe	ourne, FL 32940		
	City/State and Zip Code		-
billsm	nozer@gmail.com		
	E-mail address: (to be used for future an	nual report notific	ation)
For fu	rther information concerning this matter	r, please call:	
Richa	ard Mozer	321 at (720-2164
	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	Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	☑ \$25 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.

l Ma	me of the limited liability company:Opal Capital V	Ventures	
2. (a)	2959 WYNDHAM WAY	2959 WYNDHAM WAY	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Melbourne, FL 32940	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Melbourne, FL 32940	
3. 5. (a) U/Reg 10 Reg T/Re (b) Fint	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS Registered Agent and Registered Office shown on the records of it 13302 WINDING OAK COURT A Registered Office Address (MUST BE FLORIDA STREET A) TAMPA TAMPA FIL Richard Mozer Enter name of NEW Registered Agent and/or NEW Registered C 2959 Wyndham Way	the Florida Dept. of State: ADDRESS) 33612 8	
	NEW Registered Office Address: Melbourne	32940	
	. FL		
he cha igent w was/we he artii	inge or changes are made, the Florida street address of will be identical:—Or, in the case of a Florida limited lia cre-authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	Silvia Mozer	
•	ture of a member or authorized representative of a member	Printed or typed name of signee	
provisio he obli o mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. I have in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and acce ad for in Chapter 605, F.S. Or, if this document is being file hereby confirm that the limited liability company has been	
Signatu	e of Rugistered Agent		
-5			
	Division of Corporations P.O. B FILING FE	Box 6327● Tallahassee, FL 32314 EE: \$25.00	