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2

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OPAQUE SECURITY, LLC

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### **FAX COVER SHEET**

ТО		
COMPANY		
FAX NUMBER	18506176383	
FROM	Tony Burroughs	
DATE	2012-11-21 13:32:48 PST	
RE	FL SOS - LZ order # 504975074	

#### **COVER MESSAGE**

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p.2

#### COVER LETTER

го:	Registration Division of	n Section Corporations			
SURJ	ECT:	Opa	aque Se	ecurity, LLC	
3020		Name of Fore	ign Limit	ed Liability Co	mpany
Dear :	Sir or Madam	1:			
		lavit by Foreign Lin (s) and fee(s) are s			to Change Manager(s) or
Pleaso	return all co	rrespondence conc	erning thi	is matter to the	following:
	_	Imelda Vasque	Z		
		Name of Person	n		
	L	.egalZoom.com, ∣	Inc.		
		Firm/Company	,		
		101 N. Brand Blv	/d.		
	<del></del>	Address			
		Glendale, CA 91	203		
		City/State and Zip	Code		
	O	nlinefilings@lega	lzoom.∝	m	
	E-mail addres	s: (to be used for f	uture ami	ual report notifi	cation)
For fi	urther inform	ation concerning th	ils matter,	, picase call;	
	Imelda \	Vasquez	at (323	3 ,	962.8600
	Name o	of Person	Area	a Code and Day	time Telephone Number
	Registration Division of Clifton Buil 2661 Execu	Corporations	SS:	Registration of P.O. Box (	f Corporations
Encle \$25	osed is a che Filing Fee	ck for the following For S30 Filing For Certificate of State	>& <b>⊻</b>	t: . ]\$55.00 Filing Fed ertified Copy	c &\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E123(8/07)

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

The name of the limited liability compan Department of State is:	y as it appears on the records of the Florida Opaque Security, LLC	•
2. This entity was formed under the laws of	Y ₽ç	12
3. This entity was authorized to transact bus and its Florida document/registration numbe		NOV 21
4. The name and address of each manager o	or managing member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	္ကို ယ
MGR	Michael Craig Dixon 125 East Merrit Island Cswy Suite 209 Merrit Island, FL 32952	, #302 
MGR	Carol Cary Gilchriest 125 East Merrit Island Cswy Suite 209 Merrit Island, FL 32952	
MGR	Jeffery Kenner Gilchriest 125 East Merrit Island Cswy Suite 209 Merrit Island, FL32952	 ,#302 
		<u> </u>
		<u> </u>
<b>'</b> //	Managing Member or Member Fee: \$25	