Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone Fax Number : (888)706-7274

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

Email	Address:								
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LLC REGISTERED AGENT CHANGE OPULENCE FUNDING LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OPULENCE FUN	DING LLC
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
In above Misseebore	
Joshua Murphy	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest	Pkwy. Ste 400
Address	Medicination
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annu-	al report notification)
For further information concerning this matter, p	lease call:
Joshua Murphy	888 705-7274
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 a	amount:
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy

15129570210

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

1. Na	ame of the limited liability company: OPULEN	ICE FUNDING LLC		
2. (a)	500 N FRANKLIN TURNPIKE, STE 303	(b) 500 N FRANKLIN TURNPIKE, STE 303		
2. (a)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) RAMSEY, NJ 07446	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) RAMSEY, NJ 07446		
3. 5. (a)	5/17/2019 Date of filing/registration in Florida BLUMBERGEXCELSIOR CORPORATE S Registered Agent and Registered Office shown on the records of			
	155 OFFICE PLAZA DR, 1S			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	TALLAHASSEE Registered Agent Solutions, Inc.	FL 32301 TALLYANASSI 18		
(b)	Enter name of NEW Registered Agent and/or NEW Registers 155 Office Plaza Dr.			
	NEW Registered Office Address: Suite A			
		FL 32301		
the cha agent v was/w	ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited	laws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registere liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in the limited liability company.		
s/ C	hristopher Mitchell	Christopher Mitchell Authorized Person		
Signa	iture of a member or authorized representative of a member	Printed or typed name of signee		
provisi the obj to mer notific	ions of all statutes relative to the proper and comple.	igree to act in this capacity. I further agree to comply with the rie performance of my duties, and I am familiar with and accept ded for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been		
Signati	ure of Registered Agent			