

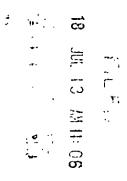
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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JL 2 1 2018

S. PRATHER

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	SUBJECT: MAGIC VILLAGE 2, LLC  Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ce Change an	d fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the	e following:			
Rodri	igo Cunha					
- · · · · -	Name of Person	•••				
MAG	IC VILLAGE 2, LLC					
	Firm/Company		<del></del>			
121 \$	South Orange Ave, Suite 850					
	Address					
Orlar	ndo, FL 32801					
	City/State and Zip Code		<del></del> -			
	go@magicdevelopment.com					
E-mail address: (to be used for future annual report notification)						
For fu	rther information concerning this matter,	please call:				
Rodri	igo Cunha	at (	407-992-8802			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section		IAILING ADDRESS: egistration Section			
	Division of Corporations		Pivision of Corporations			
	Clifton Building	P	.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Т	allahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	<b>a</b> :	\$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.

i. Na	ame of the limited liability company: MAGIC VILL	AGE 2, LLC	· · · · · · · · · · · · · · · · · · ·		
2. (a)		(b)			
• • •	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	121 South Orange Ave, Suite 850	121	South Orange Ave, Suite 850		
	Orlando, FL 32801	Orlando, FL 32801			
	5/14/14	L140	000078316		
3.	Date of filing/registration in Florida	4.	Document number		
e (~)	Stacey Stuck				
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS			
	121 South Orange Ave, Suite 850				
	<u></u>		<del></del>		
	Orlando, Fl	L			
(b)	Rodrigo Cunha				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	•			
			06 		
			<u></u>		
	NEW Registered Office Address:		σ		
	121 South Orange Ave, Suite 850				
	Orlando F	L_32801			
the cha agent v was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited le ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iws of the State of the registered iability compan of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) iability company or as otherwise provided in		
			Printed or typed name of signee		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob- to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and completeligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	gree to act in thi e performance o ed for in Chapto hereby confirn	is capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed a that the limited liability company has been		
Signan	are of Registered Agent				