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TO APR 20 AND 5

COVER LETTER

Æ.

SUBJECT: MAGNA INVESTMENTS LLC		Califfred Co.	·
Name o	of Limited I	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and	d fee(s) are submitted for filing.	
Please return all correspondence concerning this r	natter to the	e following:	
VISWANATHAN SUBRAMANIAN			
Name of Person			
MAGNA INVESTMENTS LLC			TALL
Firm/Company			1
PO BOX 3635			SSE
Address			
PONTE VEDRA BEACH, FL 32004-3635			
City/State and Zip Code			
volusiarentals99@gmail.com			
E-mail address: (to be used for future annual	report noti	fication)	
For further information concerning this matter, ple	ease call:		
Viswanathan Subramanian	904	588-2222	
Name of Person	\	Area Code & Daytime Telepl	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
Enclosed is a check for the following an	nount:		
☑ \$25 Filing Fee	<u> </u>	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: MAGNA INV	ESTMENTS L	LLC		
2. (a)	3030 N. Rocky Point Dr, Ste 150A	(b) 3030	(b) 3030 N. Rocky Point Dr, Ste 150A		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limi (Note: MAY BE PO	ited liability company:	
	Tampa	Tam	ра		
	FL 33607	FL 3	3607		
	11/8/2012	M120	00006287		
3.	Date of filing/registration in Florida	4.	Document numbe	r	
5. (a)	SUBRAMANIAN, ARUNA				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	f State:		
	519 A1A N			至	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		A T	
	PONTE VEDRA BEACH , FI	32082		R 20 IN O	
(b)	Enter name of NEW Registered Agent and/or NEW Registered REGISTERED AGENTS INC.	Office address:		0: 55 C((i));	
	NEW Registered Office Address:				
	3030 N. Rocky Point Drive, STE 150A				
	Tampa, FI	_33607			
the cha agent v was/wa the art	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 li- ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the late of a member or authorized representative of a member	f the registered of iability company of the limited list is limited liability	office and the business y, it is hereby confirmed ability company or as o y company.	office of the registered d that the change(s) therwise provided in	
I here provisi the obt	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. Bill Havre/Assistant Sections	e performance of ed for in Chapte hereby confirm	s canacity. I further as	ree to comply with the	