

A17000000 161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

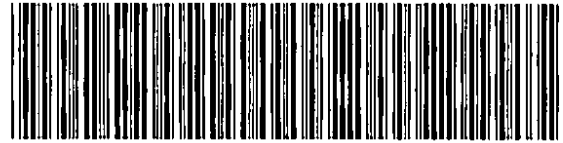
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Change

08/27/18--01030--008 **20.00

07/13/18--01011--005 **275.00

35.00

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N. CAUSSEAU

AUG 20 2018

A17-161

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magic Reserve EB-5 Fund LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A 17 000000 161

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Rodrigo Cunha
Contact Person
Magic Reserve EB-5 Fund LP
Firm/Company
121 S. Orange Ave Suite 850
Address
Orlando FL 32801
City, State and Zip Code
rodrigo @ magicdevelopment.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rodrigo Cunha at (407) 992 8802
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2018

RODRIGO CUNHA
MAGIC RESERVE EB-5 FUND, LP
121 SOUTH ORANGE AVENUE, SUITE 850
ORLANDO, FL 32801

SUBJECT: MAGIC RESERVE EB-5 FUND, LP
Ref. Number: A17000000161

We have received your document for MAGIC RESERVE EB-5 FUND, LP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The form you submitted is for a LLC not a LP.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 018A00015128

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Magic Reserve EB-5 Fund LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 4/15/17
Date of filing/registration in Florida

3. A 17000000 161
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Stacey Stuck
Name
121 S. Orange Ave, Suite 850
Address
Orlando FL 32801
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Rodrigo Cunha
Name
121 S. Orange Ave Suite 850
Florida street address (P.O. Box not acceptable)
Orlando FL 32801
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

2018 AUG 16 AM 3:37
STATE DEPT OF REVENUE
DIVISION OF CORPORATE REGISTRATION