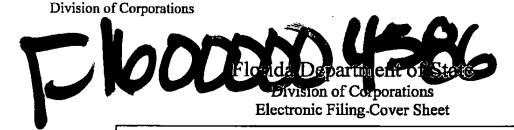
Page 1 of 2



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)617-6380

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007 Phone

Fax Number

: (702)866-2500 : (702)866-2689

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

REGISTERED AGENT CHANGE MAVAGI ENTERPRISES, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations -

SUBJECT: MAVAGI ENTERPRISES, INC. Name of Corporation				
DOCUMENT NUMBER:	F16000004586			
The enclosed Statement of Cha	nge of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence	e concerning this matter to the following:			
	Janice Null Name of Contact Person			
	InCorp Services, Inc. Firm/Company			
3	3773 Howard Hughes Parkway Suite 500S Address			
	Las Vegas, NV 89169-6014 City/State and Zip Code			
E-mail add	documents@incorp.com iress: (to be used for future annual report notification)			
For further information concern	ning this matter, please call:			
Janice Null on behalf of Name of Contact	t InCorp Services, Inc. at (702) 868-2500 ext. 6902 t Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made	de payable to the Department of State.			

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sect statement of change is submitted	for a corporation organize	607.1508, or 617.1508, Florid Id under the laws of the State (Id agent, or both, in the State (of <u>Texas</u>			
	MAVAGI ENTERPRIS		y • 100 mai.			
 The name of the corporation: The principal office address: 						
2. The principal office address	San Antonio, TX 7824	9				
3. The mailing address (if differe	nt):					
4. Date of incorporation/qualification	ation: 10/11/2016	Document number:	F16000004586			
5. The name and street address of Fiorida Department of State; (1)			: with the			
	Armstrong, Wi	lliam	_			
	1931 Sugarloa	f Blvd				
	Sugarloaf Key, Fl	L 33042	-			
6. The name and street address of (if changed):	f the new registered agent (if changed) and /or registered	office LLA			
	InCorp Service	s, inc.				
17888 67th Court North						
P.O. Box NOT occeptable			<u></u>			
·	Loxahatchee, FL	. 33470				
The street address of its register as changed will be identical.	ed office and the street ad	dress of the business office o	of its registere Pagent,			
Such change was authorized by authorized by the board, or the						
1 LA	_	Raul Tintori,	CEO			
Signature of an object of direct	• •					
I hereby accept the appointment I further agree to comply with the performance of my duties, and I agent. Or, if this document is bu thereby confirm that the corpora	t as registered agent and a he provisions of all statute on: familiar with and acc eing filed merely to reflect tion has been notifled in w	gree to act in this capacity, s relative to the proper and c ept the obligation of my posit a change in the registered o vriting of this change.	omplete ion as registered (fice address, I			
Signature of Registered A	geni _	8/33/20 Dak	17			
If signing on behalf of an entity:	:					
Janice Null on behalf of inCor	rp Services, Inc.					
Typed or Printed Name						

* * * FILING FEE: \$35.00 * * *

MAKE CIJECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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