L080000 73861

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SECRETARY OF STATE STORE OF CORPORATIONS

COVER LETTER

	OVER LETTER	
TO: Registration Section Division of Corporations	. "	
SUBJECT: Mag Pi Disc Name of I	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Jacob Traub		
Name of Person		
Firm/Company		
5134 55th Street Circ	de west	
Address	.34.	
Bradenten, Fl 342	_1/0	
City/State and Zip Code		
JSMPFLORIDA QUEI	RIZON.NET	
E-mail address: (to be used for future annual report	notification)	
For further information concerning this mat	ter, please call:	
Sayde Hypsley Name of Person	at (941) 156 9136 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 amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in ord agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited der to change its registered office or registered
1. Name of the limited liability company: Mag Pi	Dise, LLC
2. (a) Principal office address of limited liability compa	
(Note: MUST BE STREET ADDRESS)	5134 55 th Street Cigle V Bradenton, FL 34210 500
(b) Mailing address of limited liability company:	SION
(Note: MAY BE POST OFFICE BOX)	(Same as above) 5 FEFF
2/2011	L08000013861章
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	David Silberstein
Registered Office Address:	50 Central Ave. Ste 700 Sarasota, Fr 342310
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> :	EW Registered Office address: Jacob Traub
 5	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5134 55th Street Cirw
	Bradenton, FL 34210
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of amember or authorized representative of a member.	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote nerwise provided in the articles of organization
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address I hereby confirm that the limited liability compo	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in perely reflect a change in the registered office
Ment just	iny has been notified in writing of this change.