L08000/03580

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VISION OF CORPORATION 58

COVER LETTER

Division of Corporations	er en			
SUBJECT: MAGICKAC MAY Name of Limite	HEM LLC			
Name of Limite	d 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:				
DAVO GULIZIO				
Name of Person				
MAGICKAL MAYHEM L				
3830 CHEMY WOD DR				
146LIDAY FL 34691 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
DAVID GUL1210 at (727, 916-0302			
Name of Person	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 608.508, 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.

1. Name of the limited liability commonly	WAGICKAL	MAVHEM	LIC
The value of the finited habitity company.		3830 CHE	Mywood DR
2. (a) Principal office address of limited liabili (Note: MUST BE STREET ADDRES.	, ,	INOLIDAY IF	L 34691
(b) Mailing address of limited liability comp	·	3830 CHE 1961 DAY (F	my was on
3. Date of filing/registration in Florida	4. Doci	08000 (03)	580
5. (a) Registered Agent and Registered Office	shown on the recor	ds of the Florida Dep	ot. of State:
Registered Agent:	Dui	1790 SHATTES C	
Registered Office Address:		302 WINDING 4 100 MPA, FL	53612 SEE
(b) Enter name of NEW Registered Agent	and/or <u>NEW Regis</u>	tered Office address	# 6 9556
NEW Registered Agent:	<u> </u>	AVID GULIZI	<u>0 ₹ % 2</u> E
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDR	RESS)	B30 CHEMY,	лоо <mark>ў, 3</mark> 0 ,FL <u>346</u> 1
If the limited liability company is not organized confirmed that after the change or changes are rand the business office of the registered agent w liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability. Signature of a member or authorized representative of a member of	of ill be identical. Or e change(s) was/we or as otherwise proby company.	in the second of a Lilen	ido limitod
Signature of a member or authorized representative of a member DAVID GULVEIO			
Printed or typed name of signee			
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability	igent and agree to of the to the proper and as of my position as filed to merely refle ty company has bee	ict in this capacity. I complete performan registered agent as p ect a change in the re en notified in writing	further agree to ce of my duties, provided for in gistered office of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent