## U4000173093

(Re	questor's Name)				
(Address)					
(Address)					
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## CGVER LETTER

10:	Division of C				
SUBJE	ECT:	Magia	Internation	al, LLC	
			Name of Limit	ed Liability Company	
Dear Si	ir or Madam;				
The end	closed Register	red Agent/Reg	gistered Office Change	e and fee(s) are submitted for filing.	
Please	return all corre	spondence cor	ncerning this matter to	the following:	
•	Russe	Name of Pe	King		
	King L	AW Firm/Comp	rany		
100	1 Brich	Cell Ba Address	W Drive, Si	vite 1812	د 0 ن <sup>د</sup>
· •	<u>Miami,</u>	Flond	la 33131 Zip Code		
RK E-	ing @ -mail ddress:	Kingla (to be used for	awfirm.ru r future annual report	et notification)	
For furt	ther informatio	n concerning (	this matter, please cal	l:	
R	ussell	L. Kin	ng at (3	05, 329-3700	
	Name	of Person		Area Code & Daytime Telepho	one Number
	STREET/CO Registration S Division of C Clifton Buildi 2661 Executiv Tallahassee, E	ection orporations ng c Center Circ		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a	check for the	e following amount:		
	<b>≦</b> \$25 Filing	Fee	Į	☐ \$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.

1. Name of the limited liability company: Magia Int	ernational, LLC
2. (a)	(b)
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
1001 BYCKEIL BOY Drive Suite 1812	1001 Brickell Bay Drive, Suiter
Miami, Florida 33131	Miami, Florida 33131
11/6/2014	L14000173093
3. Date of filing/registration in Florida 4.	. Document number
5. (a) <u>Sardi Law, PLLC.</u>	
Registered Agent and Registered Office shown on the records of the FI	orida Dept. of State:
	- (r) - (r)
Registered Office Address (MUST BE FLORIDA STREET ADDR	(ESS)
225 Alcazar Avenue	
Coral Gables .FL	33134
(b) King Law Firm	9
Enter name of NEW Registered Agent and/or NEW Registered Office	e address:
King Law Firm	
NEW Registered Office Address:	
1001 Brickell Bay Drive, Sui	ite 1812
Mami) FL	<u>33131                                 </u>
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the	the State of Florida, it is hereby confirmed that after
agent will be identical. Or, in the case of a Florida limited liabilit was/were authorized by an affirmative vote of the members of the	ty company, it is hereby confirmed that the change(s)
the articles of organization of the operating agreement of the limit	ted liability company of as otherwise provided in
flust F	Juan Luis Londono Arias
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perform obligations of my position as registered agent as provided for to merely reflect a change in the registered office address. I here notified in writing of this change.	o act in this capacity. I further agree to comply with the ormance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been
fund >>	
Signature of Registered Agent	