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J. LEGGETT APR 23 2018

COVER LETTER

Registration Section

TO:

Divi	ision of Corporations					
SUBJECT:	MAGA INTERNATIONAL LLC					
SOBJECT.	Name of Limited Liability Company					
Dear Sir or !	Madam:					
The enclose	d Registered Agent/Registered Offi	ice Change and fe	e(s) are submitted for filing.			
Please return	n all correspondence concerning thi	is matter to the fo	llowing:			
CARLO M	IASSARO					
• • • • • • • • • • • • • • • • • • • •	Name of Person	,	-			
MAGA IN	TERNATIONAL LLC					
	Firm/Company		-			
716 E NE	W HAVEN AVE.					
	Address	•	-			
MALBOUI	RNE, FL 32901					
	City/State and Zip Code		-			
INTERNA	TIONALMAGA@GMAIL.COM	1				
E-mail	address: (to be used for future ann	ual report notific	ation)			
For further i	nformation concerning this matter,	please call:				
HEIDI HEI	NRY	321	745.0591			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div Clif 266	REET/COURIER ADDRESS: distration Section dision of Corporations don Building Executive Center Circle dahassee, Florida 32301	Regi Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enc	closed is a check for the following	amount:				
☑ \$	25 Filing Fee	□ \$55	Filing Fee & Certified Copy			
INHS18 (2/14	4)					

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. N	lame of the limited liability company: MAGA INTE	RNATI	Oi	NAL LLC	
2. (a)	CARLO MASSARO		(b)	CARLO MASSARO	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of	limited liability company: POST OFFICE BOX)
	716 E NEW HAVEN AVE.			716 E NEW HAVEN	AVE.
	MELBOURNE, FL 32901			MELBOURNE, FL 32	901
	12/11/2014		l	L14000189532	
3.	Date of filing/registration in Florida	4 .	_	Document nun	nber
5. (a	MASSARO, CARLO J. SR				
J. (u	Registered Agent and Registered Office shown on the records of	fthe Flori	ida	Dept. of State:	
	1280 US HIGHWAY 1				50 26
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<u> </u>	2018 APR 20 SLORETARY
	MALABAR, FI	3295	0		mo 🖚
(b)	MASSARO, CARLO				H 1:20
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u>ress</u> :	0
	716 E NEW HAVEN AVE.				
	NEW Registered Office Address:	-		***************************************	
	MELBOLIDNE	2200			
	MELBOURNE , FI	3290	1		
the chagent was/v	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the reginability of the li	gist cor mi I li	tered office and the busine mpany, it is hereby confirr ted liability company or as	ess office of the registered med that the change(s)
Sign	ature of a member or authorized representative of a member		11	Printed or typed r	name of signee
provis the ol to me notifi	eby accept the appointment as registered agent and agestions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I edin writing of this change	ree to a e perfori ed for in hereby	ct i ma i Ci coi	in this capacity. I further nce of my duties, and I am hapter 605, F.S. Or, if thi nfirm that the limited liabi	agree to comply with the I familiar with and accept is document is being filed Ility company has been

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