

14000196253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

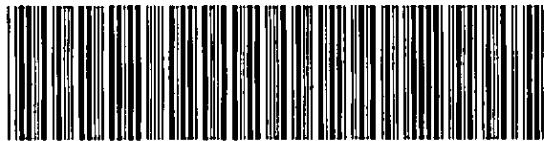
(Business Entity Name)

(Document Number)

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REGISTRY OF STATE
TALLAHASSEE, FL

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JUN 22 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mag Group Properties, LLC
Name of 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:

Mariangel Gonzalez

Name of Person

Mag Group Properties, LLC

Firm/Company

1643 Brickell Av. #1004

Address

Miami, FL 33129

City/State and Zip Code

mgonzalezlongo@maggroupproperties.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mariangel Gonzalez	787	603-9477
Name of Person	at () Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 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:	Mag Group Properties, LLC	
2. (a) Mag Group Properties, LLC	(b) Mag Group Properties, LLC	
Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>	
1643 Brickell Av. #1004	1600 Ponce de Leon PH2	
Miami, FL 33129	Coral Gables, FL 33134	
December 20, 2014	L14000196253	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Cristina Pocaterra		
Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>		
5500 SW 86 ST.		
Miami	33143	FL
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Cristina Pic		
NEW Registered Office Address: 1600 Ponce de Leon Blvd. PH2		
Coral Gables	33134	FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mariangel Gonzalez

Printed or typed name of signee

[Signature]
Signature of a member or authorized representative of a member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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

2020 JUN -5 PH 3:42
SECRETARY OF STATE
TALLAHASSEE, FL

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