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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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## LLC REGISTERED AGENT CHANGE **MAGNAT MIAMI LLC**

Certificate of Status	1
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Page Count	02
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## 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.

. Nan	ne of the limited liability company: MAGNAT M	IIAM	LL			
l. (a) _	Principal office address of limited liability company:	<del></del>	(b)	N <sup>1</sup>	failing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)			(Nate: MAY BE POST OFFICE BOX)		
	Plaza Independencia Nro. 822 of 601.			Plaza Inc	dependencia Nto. 822 of 601.	
	Montevideo, Uruguay CP 11000			Montevideo, Uruguay CP 11000		
	05/26/2015			L1500	00092101	
<b>.</b>	Date of filing/registration in Florida	_ 4			Document number	
5. (a)	Registered Agent and Registered Office shown on the records of FRIEDHOFF, ROBERT H, ESQ				:: -	
	Registered Office Address IMUST BE FLORIDA STREE 1395 BRICKELL AVENUE, 14TH FLOOR	20				
	Miami:	FL	33	131	APP  2024 DEC  SUNIA  SUNIA  SUNIA	
	Enter name of NEW Registered Agent and/or NEW Register				FILL FILL	
· .:	Registered Agents Inc.  NEW Registered Office Address: 7901 4th Street N. Ste 300				PH 2: 45	
	St. Petersburg	FL	3370	2	_	
chang	limited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member tiples of organization or the operating agreement of	tne rej Hiabil rs of ti	gister lity co he lin nited	mpany, it ited liabili iability co	is hereby confirmed that the change(s) ity company or as otherwise provided in	
Sign	canage of a member or authorized representative of a member				Printed or typed name of signee	
I her provi the or to mo notifi	reby accept the appointment as registered agent and sisions of all statutes relative to the proper and compibilizations of my position as registered agent as proverely reflect a change in the registered office addressed in writing of this change	agree lete pe ided f i, I her	to ac rform or in reby c	t in this ca ance of m Chapter of onfirm tha	pacity. I further agree to comply with the eduties, and I am familiar with and accept 15, F.S. Or, if this document is being filed a the limited liability company has been	
•	Division of Corporations P.	O. Bo	x 632	7∙ Tallah	1855ec. FL 32314	
	FILIN	G FE	E: \$2	5. <b>90</b>		