

L16 0000 71730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

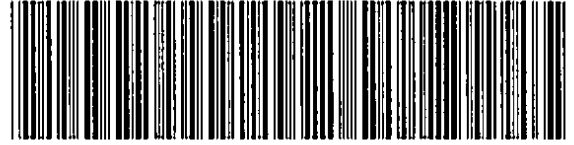
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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18 JUL 13 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
JUL 17 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2018

WILLIAM ROOF
222 S HWY 1, STE 7
TEQUESTA, FL 33469

SUBJECT: MAGIC BUBBLES FRANCHISING, LLC
Ref. Number: L16000071730

We have received your document for MAGIC BUBBLES FRANCHISING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please make sure the registered agent name is the fcomplete name of the business.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 018A00013754

44

RECEIVED

2018 JUL 13 AM 10:27

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2018

WILLIAM ROOF
222 S US HWY 1, STE 7
TEQUESTA, FL 33469

SUBJECT: MAGIC BUBBLES FRANCHISING, LLC
Ref. Number: L16000071730

We have received your document for MAGIC BUBBLES FRANCHISING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 318A00012698

RECEIVED

2018 JUN 28 AM 10:19

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGIC BUBBLES FRANCHISING 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:

WILLIAM A ROOF
Name of Person

HARLESS, VINIAR & ASSOCIATES CPAS, LLC
Firm/Company

222 S. US HWY 1, STE 7
Address

TEQUESTA, FL 33469
City/State and Zip Code

WROOF@HARLESS&ASSOCIATES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM ROOF at (561) 746-8550
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 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: MAGIC BUBBLES FRANCHISING LLC

2. (a) 1799 7TH AVE. N, LAKE WORTH, FL 33461 (b) SAME
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

3. 4/11/16 Date of filing/registration in Florida 4. L16000071730 Document number

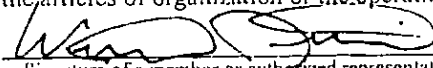
5. (a) REGISTERED AGENTS INC
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
3030 N. ROCKY POINT DR., STE 150A
TAMPA, FL 33607

(b) HARLESS, VINIAR & ASSOCIATES CPAS, LLC
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
222 S. US HWY 1, STE 7
TEQUESTA, FL 33469

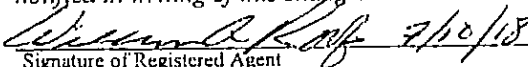
FILED
 18 JUL 13 PM 3:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the 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.


 Signature of a member or authorized representative of a member

WILLIAM NICOLOSO, MANAGING MEMBER
 Printed or typed name of signee

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 of Registered Agent