

L1600019117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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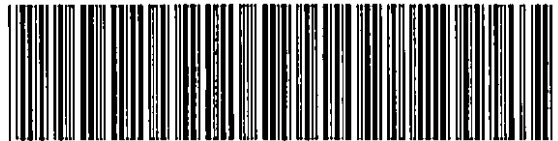
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2018

Kimberly Magee  
11093 LYNWOOD PALM WAY  
WEST PALM BEACH, FL 33412

SUBJECT: MAGEE & MAGEE LLC  
Ref. Number: L16000119117

We have received your document for MAGEE & MAGEE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 718A00015345

RECEIVED

2018 AUG -6 AM 10:30

2018 AUG 06 PM 04:11  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAGEE & MAGEE 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:

**KIMBERLY MAGEE**

Name of Person

**MAGEE & MAGEE LLC**

Firm/Company

**11093 LYNWOOD PALM WAY**

Address

**WEST PALM BEACH, FL 33412**

City/State and Zip Code

**eightysgirl88@aol.com and fgsaccting@gmail.com**

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

For further information concerning this matter, please call:

**Gene Sorem**

at **979** **218-6215**

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: MAGEE & MAGEE LLC
2. (a) 11093 LYNWOOD PALM WAY  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
WEST PALM BEACH, FL 33412
- (b) 11093 LYNWOOD PALM WAY  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
WEST PALM BEACH, FL 33412
3. June 21, 2016  
Date of filing/registration in Florida
4. L16000119117  
Document number
5. (a) UNITED STATES CORP AGENTS, INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
13302 WINDING OAK COURT A  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
TAMPA, FL 33612
- (b) KIMBERLY MAGEE  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
11093 LYNWOOD PALM WAY  
**NEW** Registered Office Address:  
WEST PALM BEACH, FL 33412

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.

Kimberly Magee  
Signature of a member or authorized representative of a member

JOEL L MAGEE

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.*

Kimberly Magee  
Signature of Registered Agent