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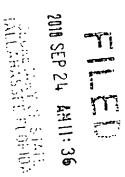
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dasiness Emily Walle)					
(Degument Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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P.	•			
		COVER	LETTER	
•	gistration Section vision of Corporations			
SUBJECT	MAGIC CARPET AVIATIO	N SERVICE	S LLC	
oo bonce t		me of Limited	Liability Company	
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered Of	fice Change a	nd fee(s) are submitted for filing.	
Please retur	n all correspondence concerning the	his matter to th	ne following:	
RODRIG	O CUNHA			
	Name of Person			
MAGIC C	CARPET AVIATION SERVICE	ES LLC		
	Firm/Company			
121 SOU	TH ORANGE AVE, SUITE 8:	50		~ ~2
	Address			S PH
ORLAND	O, FL 32801			2010 SEP 24 KM 11: 31
	City/State and Zip Code			
MILENY(@MAGICDEVELOPMENT.C	MC		
E-mai	l address: (to be used for future an	nual report no	tification)	(1) (1) (2) (3)
For further	information concerning this matter	r, please call:		
RODRIG	O CUNHA	407	992 8802	
	Name of Person		Area Code & Daytime Telephon	e Number
Reş Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 51 Executive Center Circle lahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	-
En	closed is a check for the followin	g amount:		
2	\$25 Filing Fee		\$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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. 1	Name of the limited liability company: MAGIC	CARPET AVIATION	N SERVICES LLC
2. (a)		(b)	
	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	uny:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	121 SOUTH ORANGE AVE, SUITE 8	50 121 S	SOUTH ORANGE AVE, SUITE 850
	ORLANDO, FL 32801	ORLA	ANDO, FL 32801
	08/08/2017	L1700	0168966
3.	Date of filing/registration in Florida	4.	Document number
5. (a	, ALVAREZ, MILENY		
<i>J.</i> (0	Registered Agent and Registered Office shown on the rec	cords of the Florida Dept. of 3	State:
	Registered Office Address (MUST BE, FLORIDA ST		
	ORLANDO	FL_32801	
(b)	, RODRIGO CUNHA		2018 SEP 24
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	gistered Office address:	Ph. M. II. 36
	NEW Registered Office Address:		
	121 SOUTH ORANGE AVE, SUITE 8	50	
			<u> </u>
	ORLANDO	FL 32801	_
the chagent was/v	limited liability company is not organized under nange or changes are made, the Florida street add will be identical. Or, in the case of a Florida lin were authorized by an affirmative vote of the mer ticles of organization or the operating agreement	lress of the registered of nited liability company, nbers of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
I her provi the of to me notifi	reby accept the appointment as registered agent a sions of all statutes relative to the proper and co- bligations of my position as registered agent as p wrely reflect a change in the registered office addi ed in writing of this change.	ınd avree to act in this o	canacity. I further agree to comply with the
Signa	ture of Registered Agent		