

L19000207989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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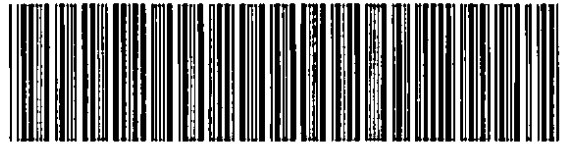
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22 AUG 29 PM 4:29
DIVISION OF CORP. REGISTRATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORLANDO MAGIC SERVICES 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:

FABIANA RAMOS
Name of Person

ALPHALINE TRADING CORPORATION
Firm/Company

9851 NW 58th Street UNIT 123
Address

DORAL FL 33178
City/State and Zip Code

fabiana@alphalinetaxes.com
E-mail address: (to be used for future annual report notification)

22 AUG 29 PM 4:29
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Fabiana Ramos at (305) 495-4789
Name of Person 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

LM

**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: ORLANDO MAGIC SERVICES LLC

2. (a) 4015 VENETIAN BAY DR., APT 16-102 (b) 4015 VENETIAN BAY DR., APT 16-102
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

KISSIMMEE FL 34741 KISSIMMEE FL 34741

3. 08/15/2019 4. 119000207989
Date of filing/registration in Florida Document number

5. (a) XPTAX & ACCOUNTING SERVICES LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6236 KINGSPONTE PKWY, 1
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ORLANDO, FL 32819

(b) ALPHALINE TRADING CORP.
Enter name of NEW Registered Agent and/or NEW Registered Office address.

9851 NW 58 STREET
NEW Registered Office Address.

UNIT 123

DORAL, FL 33178

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

LEONARDO ALVARENGA MOREIRA

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

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

22 AUG 29 PM 4: 29
DIVISION OF STATE
CORPORATIONS