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(Address)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
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2021 SEP -1 PH 2: 54
IALLAHASSEF PATE

65. A C. _

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	MOVING THE MAGIC, LLC	
	Name o	f Limited Liability Company
Dear S	ir or Madam:	
The en	iclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this m	atter to the following:
SARAI	H MURPHY	
	Name of Person	· ·
MOVI	NG THE MAGIC, LLC	
	Firm/Company	
3101 S	W 34TH AVENUE 804-901	
	Address	
OCAL	A. FL 34474	
	City/State and Zip Code	
SARAi	H@MOVINGTHEMAGIC.COM	
E	-mail address: (to be used for future annual	report notification)
For fur	ther information concerning this matter, plea	ase call:
SARAI	T MURPHY	407 488-3959
<u></u> -	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 amo	ount:
	■ \$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. N	ame of the limited liability company: MOVING THE	MAGIC,	LI	.C	
2. (a)					
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3101 SW 34TH AVENUE 804-901			3101 SW 3	4TH AVENUE 804-901
	OCALA, FL 34474	<u> </u>		OCALA, F	T.
	09/11/2019		Ĺ	_190002293	20
3.	Date of filing/registration in Florida	4.	-		Document number
5. (a)	·				
	Registered Agent and Registered Office shown on the records o SARAH A MURPHY	f the Florid	da	Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	6622 BANNER LAKE CIRCLE #8306				المام ال المستعددة
	ORLANDO F	L		7	TODI S. 2 -1 PH 2: 54 TODI S. 2 -1 PH 2: 54 TODI S. 2 -1 PH 2: 54
(L)					SER 2
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			FLE 51	
	SARAH A MURPHY				·
	NEW Registered Office Address:				•
	3101 SW 34TH AVENUE 804-901				
	OCALA . F	34474			
Signal I here provise the obstate to mer notifie	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providedly reflect a change in the registered office address. If it is a change.	iws of the e register iability c of the line e limited	red on mit lia	State of Flo I office and upany, it is ted liability ability com Saca	rida, it is hereby confirmed that after the I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee to comply with the lattices and Lam familiar with and account