

L19 000 303 896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

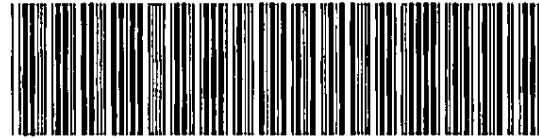
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

Y SULKER  
JAN 10 2022

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIKE MAGIC 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:

LOVETTE DOBSON  
Name of Person

INCFILE.COM LLC  
Firm/Company

17350 STATE HWY 249 #220  
Address

HOUSTON, TEXAS 77064  
City/State and Zip Code

EFILE1234@INCFILE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at ( 888 ) 462-3453  
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

**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: LIKE MAGIC LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

230 SW 2ND AVE APT 104

GAINESVILLE, FL 32601

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3901 NW 79TH AVE SUITE 245 #1021

MIAMI, FL 33166

12/13/2019

L19000303896

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

LEGALINC CORPORATE SERVICES INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5237 SUMMERLIN COMMONS SUITE 400

FORT MYERS, FL 33907

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

BRANDON MCWILLIAMS

NEW Registered Office Address:

58 MELROSE LANDING BLVD

HAWTHORNE, FL 32640

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.

Brandon McWilliams

Signature of a member or authorized representative of a member

BRANDON MCWILLIAMS

Printed or typed name of signer

*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.*

Brandon McWilliams

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00