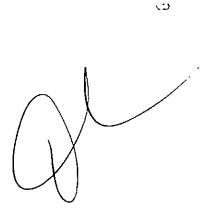
## L20000124044

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

Office Use Only



000408450830



## COVER LETTER

MAGBAY, LLC SUBJECT:		
	_imited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	ange a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matt	ter to tl	ne following:
Scot B. Copeland. Esq.		·
Name of Person		
Emmanuel, Sheppard & Condon		
Firm/Company		
195 Grand Boulevard, Suite 101		
Address		<del></del>
Miramar Beach, FL 32550		-
City/State and Zip Code		<del></del> :.
millermike1213@gmail.com		
E-mail address: (to be used for future annual re	port no	tification)
For further information concerning this matter, please	e call:	
Scot B. Copeland	850	460-8000
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 amou	ınt:	
■ \$25 Filing Fee	۵	\$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.	Na	ime of the limited liability company: MAGBAY, LLC					
2	(a)	2912 Lobiolly Court	(	'h)	b) 2912 Loblolly Court		
~.	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (	, υ,	Mailing address of limited liability (Note: MAY BE POST OFFIC		
		Miramar Beach, FL 32550	_		Miramar Beach, FL 32550		
		May 7, 2020	_	1	1.20000124064	·	
3.		Date of filing/registration in Florida	4,		Document number		
5.	(a)	Michael R. Miller					
		Registered Agent and Registered Office shown on the records of t	<u>*</u>				
		Registered Office Address (MUST BE FLORIDA STREET A 8584 Magnolia Bay Lane	<u>s)</u>				
		Miramar Beach	32550			· 	
	(b)	Michael R. Miller  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ddress:	;;; ;; ;;			
					,	9	
		NEW Registered Office Address:			<del></del>		
		2912 Loblolly Court					
		Miramar Beach FL	32550				
cha age wa the	inge ent v s/we arti-	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	register bility co f the lin	red on nit	ed office and the business office of the rompany, it is hereby confirmed that the conted liability company or as otherwise p	egistered change(s)	
	<u> </u>	Like 2 MUC/ ure of a member or authorized representative of a member	Mic	cha	thael R. Miller		
					Printed or typed name of signee	, , , ,	
pre the to i	ovisio obli nere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the properties of this change.	e to ac perform for in ( ereby c	t iv tar Ch on	t in this capacity. I further agree to com ance of my duties, and I am familiar wit Chapter 605, F.S. Or, if this document i onfirm that the limited liability company	ply with the h and accept s being filed has been	
Sig	natu	re of Registered Agent					