

Electronic Filling Cover Shee

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(((H24000067289 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070

Phone : (888)462-3453 Fax Number : (877)919-2613

⇔ Senter the email address for this business entity to be used for future:

anniual report mailings. Enter only one email address please.**

Email Address:_

EFILE1234@INCFILE.COM

LLC REGISTERED AGENT CHANGE MAJICDATA LLC

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M. SOLOMON

FEB 4 1 2024

Electronic Filing Menu

Corporate Filing Menu

Help

CO	VER LETTER (((H24000067289 3)))
TO: Registration Section Division of Corporations	
MAJICDATA LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ige and fec(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
LOVETTE DOBSON	
Name of Person	
Firm/Company	2024
17350 STATE HWY 249 STE 220	2024 FEB 21
Address	
HOUSTON, TX 77064	#H12:12
City/State and Zip Code	
EFILE1234@INCFILE.COM	
E-mail address: (to be used for future annual report	rt notification)
For further information concerning this matter, please c	all:
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	t:
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	
	(((H24000067289 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H24000067289 3)))

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.

	me of the limited liability company: 930 Bent Creek Drive		030 Rand	Crost Drive			
		(930 Bent Creek Drive (b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST			,T
	Fort Pierce, FL 34947		Fort Pierce, FI, 34947				
				, , ,			
	05/26/2020		1,20000140	1832			
	Date of filing/registration in Florida	4.		Document number			
(a)	MATTHEW JOHNSON						
(4)	Registered Agent and Registered Office shown on the records 930 Bent Creek Drive	of the Floric	la Dept, of Sta	de.			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRES	<u>:S)</u>			2024	
	Fort Pierce	FL. 34947		rea Feb			
(b)	REPUBLIC REGISTERED AGENT LLC					21 /	
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:			25	
	F150 Nw 72nd Ave Tower ESte 435				. :	P.X 12: 23	_
	NEW Registered Office Address:						
	Miami		-,,,	······································			
nange gent v as/we le arti	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membericles of organization or the operating agreement of the first and the street of the members of organization or the operating agreement of the street of the stre	laws of the the registe I liability of rs of the linited	e State of F red office a company, it mited liabili	lorida, it is hereby con nd the business office is hereby confirmed th ity company or as othe mpany.	of the relation of the control of th	egistere hange(ed s)
-	ture of a member or authorized representative of a member			Printed or typed name o	·		
rovis. ie obi i mer	hy accept the appointment as registered agent and completes of all statutes relative to the proper and completigations of my position as registered agent as proved y reflect a change in the registered office address of in writing of this change.	agree to ac eie perforn ided for in . Thereby c	et in this cap nance of my Chapter 60 confirm that	pacity. I further agree (duties, and I am fami 15, F.S. Or, if this doc (the limited liability c	to com liar wit iment i ompany	ply with h and a s heing has be	h the eccept filed en