## LZ1 CCO 2137CC

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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## **COVER LETTER**

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INHS18 (2/14)

•	gistration Section rision of Corporations		
SUBJECT:	Magenta Consulting LLC		
	Nar	ne of Limite	d Liability Company
Dear Sir or	Madam;		
The enclose	ed Registered Agent/Registered Off	fice Change a	and fee(s) are submitted for filing.
Please retur	n all correspondence concerning th	is matter to t	the following:
Laura Gilli			
	Name of Person	<del></del>	
Magenta Cor	nsulting		
	Firm/Company		
3240 Delray	Bay Dr #604		
	Address	······	<del></del>
Delray Beacl	h, FL 33483		
	City/State and Zip Code		
lgilli92@gm	ail.com		
E-mai	l address: (to be used for future and	iual report no	otification)
For further i	information concerning this matter.	please call:	
Laura Gilli		401 at (	499-0980
	Name of Person	(	Area Code & Daytime Telephone Number
<u>Ma</u>	iling Address:		Street Address:
•	gistration Section		Registration Section
	rision of Corporations		Division of Corporations
	D. Box 6327		The Centre of Tallahassee
lall	lahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the following	amount:	
■ \$	25 Filing Fee	٥	\$55 Filing Fee & Certified Copy

## ' STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comp submits the following statement in order to change its registered office or registered agent, or both, in the State of Flor

1.	Na	mme of the limited liability company:Magenta Consult	ting LLC		
2.	(a)	3240 Delray Bay Dr	(1	b)	
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  604			failing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
				<del> </del>	
		Delray Beach, FL 33483			
		05/07/2021		L2100021370	)0
3.		Date of filing/registration in Florida	4.	i	Document number
5.	(a)	Laura Gilli			
		Registered Agent and Registered Office shown on the records of 3240 Delray Bay Dr	f the Florid	a Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET	`ADDRES	<u>S)</u>	
		604			
		Delray Beach , Fl	L_33483		7071 H
	(b)	Laura Gilli			700.150 -8 T
	( )	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	ldress:	D P
		3240 Delray Bay Dr			PH 2: 0:
		NEW Registered Office Address:			一点
		604			
		Delray Beach	33483 L		
If:	tho l			Ctata of Clas	dida da in kanada a a a fama a laka a a fama
ch ag wa	ange ent v is/wo	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li creauthorized by an affirmative vote of the members of cles of organization or the operating agreement of the	e registere lability co of the lin	ed office and ompany, it is nited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
<del>(</del> !	Signa	ture of a member or authorized representative of a member	<del></del>	Lau	AYA (AIII) Printed or typed name of signee
pro the to	ovisi e obl měre	by accept the appointment as registered agent and aground of all statutes/relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to act perform d for in C hereby co	in this capac ance of my di Chapter 605, onfirm that th	city. I further agree to comply with that the street and I am familiar with and access. S. Or, if this document is being file to limited liability company has been
Si	gnatu	re of Registered Agent			
•	$\bigvee$		Day 435	7 a Tallahaa	on El 22214
		Division of Corporations P.O. FILING F			ee, r L 32314

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