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To:

14154847068

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE **4FS MAGIC MARINE, LLC**

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MAY - 2 2022

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STATEMENT OF CHANGE OF REGISŢERED 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.

	N1_	4FS MAGIC	MARIN	NE, LLC
1.		me of the limited liability company: 3401 BAYSHORE BLVD.	(L)	3401 BAYSHORE BLVD.
2.	(a) .	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
		UNIT 1601	_	UNIT 1601
		TAMPA, FL 33629	_	TAMPA, FL 33629
		02/24/2022		L22000080417
3.		Date of filing/registration in Florida	4.	Document number
_	(-)	HUNTER BUSINESS LAW		
5. ((a)	Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State.
		119 S. DAKOTA AVENUE		
		Registered Office Address MUST BE FLORIDA STREET A	DDRESS)	 1
		TAMPA FI.	3360	2022 AFR
,	(b)	Corporate Creations Network Inc.		dress
	•	Enter name of NEW Registered Agent and/or NEW Registered	Office add	dress ලිසි යි ඉදු ය
		801 US Highway 1		
		NEW Registered Office Address:		
		North Palm Beach , FL	33408	8
eh ag wa	ange ent v	imited 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 lial cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registered bility con f the limi	and office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
		aitlin Lazarus		itlin Lazarus, Attorney-in-Fact
		ture of a member or authorized representative of a member	-	Printed or typed name of signee
pr the to	ovisi e obi mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d'in writing of this change.	e to act to erformation of the contract of the	in this capacity. I further agree to comply with the tnce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been

Caitlin Lazarus, Special Secretary

/s/ Caitlin Lazarus

Signature of Registered Agent