

L22000212454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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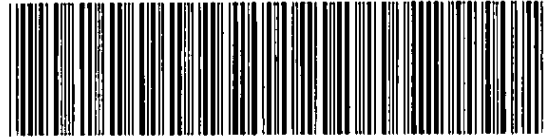
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SECRETARY OF STATE
-111 MASSACHUSETTS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magical Palms 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:

Tracy Butler
Name of Person

Magical Palms LLC
Firm/Company

1202 Pagedale Dr
Address

Cedar Park, TX 78613
City/State and Zip Code

tracy@butlerhome.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Butler at (512) 423-7274
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

INHS18 (2/14) *check sent w/
original application,
Sec letter from
Florida Dept of...*

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: Magical Palms LLC

2. (a) 2302 Silver Palm Dr. #302 (b) 1202 Pagedale Dr.
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Kissimmee, FL 34747 Cedar Park, TX 78613

3. 8/14/2022 Date of filing/registration in Florida 4. L22000212484 Document number

5. (a) United States Corporation Agents Inc
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
476 Riverside Ave
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Jacksonville, FL 32202
 _____, FL _____

(b) _____
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
1st Flor Orlando Realty Inc
NEW Registered Office Address:
8687 W. Irlo Bronson Memorial Hwy Ste 101
Kissimmee, FL 34747

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.

J Butler Signature of a member or authorized representative of a member
Tracy Butler Manager Printed or typed name of signor

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.

K King to
 Signature of Registered Agent