

L23000133939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

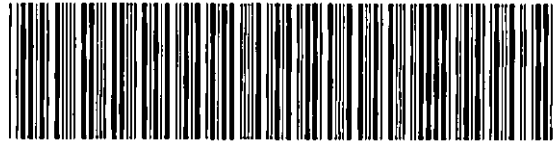
(Document Number)

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JUL 17 -
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2024

MAGICAL DESIGNS, LLC
LINDA D BARSCZEWSKI
997 INVERNESS WAY
LAKE ALFRED, FL 33850

SUBJECT: MAGICAL DESIGNS, LLC
Ref. Number: W24000095136

We have received your document for MAGICAL DESIGNS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 724A00013766

7/12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGICAL DESIGNS, 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:

LINDA D BARSCZEWSKI

Name of Person

MAGICAL DESIGNS, LLC

Firm/Company

997 INVERNESS WAY

Address

LAKE ALFRED, FL 33850

City/State and Zip Code

magicaldesignsllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA D BARSCZEWSKI

Name of Person

at (334) 464 - 0927

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

**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 DESIGNS, LLC

2. (a) 997 INVERNESS WAY (b) 997 INVERNESS WAY
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

LAKE ALFRED, FL 33850

LAKE ALFRED, FL 33850

MAY 24, 2023

L23000133939

3. Date of filing/registration in Florida 4. Document number

5. (a) ZEN BUSINESS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

336 E. COLLEGE AVE., SUITE 301

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 33850

(b) LINDA D BARSCZEWSKI
Enter name of NEW Registered Agent and/or NEW Registered Office address:

997 INVERNESS WAY

NEW Registered Office Address:

LAKE ALFRED, FL 33850

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.

Linda D. Barszewski
Signature of a member of authorized representative of a member

LINDA D BARSCZEWSKI

Printed or typed name of signee

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.

Linda D. Barszewski
Signature of Registered Agent

2024 JUL 12 AM 7:54
TALLAHASSEE, FLORIDA