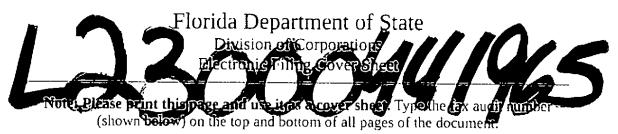
Division of Corporations



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Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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-	**Enter the email address for this business entity to be used for fi	uture
	annual report mailings. Enter only one email address please.**	
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LLC REGISTERED AGENT CHANGE MAGAMINGLE.US LLC

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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.	Na	me of the limited liability company: MAGAMINGLE.US	LLC		
2. (a	a)		ĺ	b)	
,		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		09/22/2023		L230004	141965
3.		Date of filing/registration in Florida	4.		Document number
5. (a)	GUERRA, SANDRO			
		Registered Agent and Registered Office shown on the records of th			
		Registered Office Address (MUST BE FLORIDA STREET AI	DDRES	<u>(S)</u>	••
		2843 N SAN FERNANDO RD			<u> </u>
		LOS ANGELES , FL	00065		2023 2023 ———————————————————————————————————
(1	o)	Northwest Registered Agent LLC			2023 Appl
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office a	ddress:	
		7901 4th St N			PM 4
		NEW Registered Office Address:			0 6 20 0
		STE 300			· -
		St. Petersburg, FL_	3702		
the cagen was/ the a	ha it w we inti	mited liability company is not organized under the lawsing or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of	the reg bility of the lift imited	istered o company, mited liab	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Sig	mat	ure of a member or authorized representative of a member	_		Printed or typed name of signee
prov the o to m	isi bli ere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	perforn för in ereby (et in this nance of Chapter confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
۱ / ۳		Taylor Newman - Assistant Sec	cretary		

Signature of Registered Agent