

M14 00000 8560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

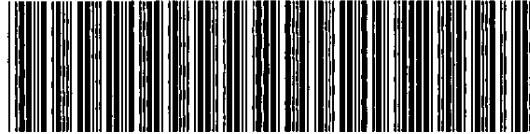
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900287775809

07/11/16--01011--008 **30.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2016 JUL 11 P 4:32

FILED

JUN 12 2016

BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magical Solutions, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim McIntyre

Name of Person

Magical Solutions, LLC

Firm/Company

4307 Vineland Road Suite H-12

Address

Orlando, Florida 32811

City/State and Zip Code

kmcintyre@wizllc.com

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

For further information concerning this matter, please call:

Kim McIntyre

Name of Person

at (407) 246-7096

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CLERK OF COURT
TALLAHASSEE, FLORIDA

2016 JUL 11 P 4:32

FILED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Magical Solutions, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____
(Mailing address
MAY BE A POST OFFICE BOX) _____

2. The Florida document number of this limited liability company is: M14000008560

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/18/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG was subjected to a control condition (CG-C) and the EG was subjected to an experimental condition (EG-E). The CG-C was subjected to a control condition (CG-C) and the EG-E was subjected to an experimental condition (EG-E). The CG-C was subjected to a control condition (CG-C) and the EG-E was subjected to an experimental condition (EG-E).

CFO Kim McIntyre 4307 Vineland Rd. Suite H-12 ☐ Add

Orlando, Florida 32811  Remove

MGR	Zach Mateer	4307 Vineland Rd. Suite H-12	<input type="checkbox"/> Add
-----	--------------------	------------------------------	------------------------------

Orlando, Florida 32811 ☐ Remove

☐ Add

 Remove

☐ Add☐ Remove

☐ Add

☐ Remove

Signature of the authorized representative

Typed or printed name of signee

4