

N13000005960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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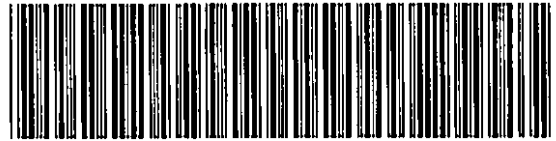
(Business Entity Name)

(Document Number)

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MAILED 11 OCT 18

2018 NOV 19 P 4 02

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SEP 25 2018

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAGIC VILLAGE RESORT ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N13000005960

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RODRIGO CUNHA
Name of Contact Person
MAGIC VILLAGE RESORT ASSOCIATION, INC.
Firm/Company
121 SOUTH ORANGE AVE., SUITE 850
Address
ORLANDO, FL 32801
City/State and Zip Code
MILENY@MAGICDEVELOPMENT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODRIGO CUNHA at (407) 9928802
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2018

RODRIGO CUNHA
121 S ORANGE AVE STE 850
ORLANDO, FL 32801

SUBJECT: MAGIC VILLAGE RESORT ASSOCIATION, INC.
Ref. Number: N13000005960

We have received your document for MAGIC VILLAGE RESORT ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Cunha Rodrigo is already the registered agent.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 918A00020001

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MAGIC VILLAGE RESORT ASSOCIATION, INC.
2. The principal office address: 121 SOUTH ORANGE AVE., SUITE 850 - ORLANDO, FL 32801

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/27/2013 Document number: N13000005960

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ALVAREZ, MILENY

121 SOUTH ORANGE AVE., SUITE 850

ORLANDO, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

RODRIGO CUNHA

121 SOUTH ORANGE AVE., SUITE 850

P.O. Box NOT acceptable

ORLANDO, FL 32801

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X _____
Signature of an officer or director

RODRIGO CUNHA - CEO

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

X _____
Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

*** * * FILING FEE: \$35.00 * * ***