

N13000005960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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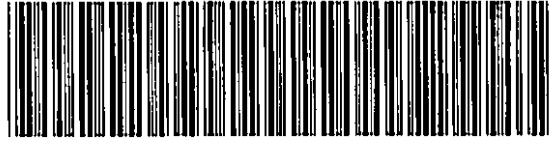
(Business Entity Name)

(Document Number)

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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
ORLANDO, FL 32801

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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 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314