

N15000000492

(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:

Wrong form

Office Use Only



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07/13/18--01011--015 **25.00

07/14/18 11:01 AM

FILED
CLERK OF DISTRICT COURT
JUL 14 2018
JUL 14 2018

RA Chang

AUG 10 2018
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGIC4GOOD INC

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:

Rodrigo Cunha

Name of Person

MAGIC4GOOD INC

Firm/Company

121 South Orange Ave, Suite 850

Address

Orlando, FL 32801

City/State and Zip Code

rodrigo@magicdevelopment.com

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

For further information concerning this matter, please call:

Rodrigo Cunha

at () 407-992-8802

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

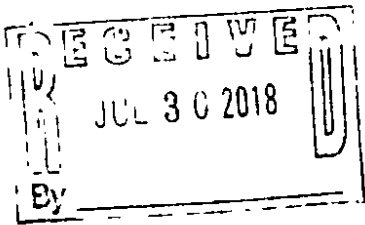
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
STATE
CLERK
JAN 10 2019
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2018

RODRIGO CUNHA
MAGIC4GOOD INC
121 SOUTH ORANGE AVE., SUITE 850
ORLANDO, FL 32801

SUBJECT: MAGIC4GOOD INC
Ref. Number: N15000000492

We have received your document for MAGIC4GOOD INC and your check(s) totaling \$25.00. 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 Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

Please notice the difference in the filing fees. \$10

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.

Diane Cushing
Senior Section Administrator

Letter Number: 618A00015108

RECEIVED
18 AUG -9 AM 11:11
SECRETARY OF
TALLAHASSEE

8/1

COMPANY: Magic 4 Good
ACCOUNT: Business Registration Fee
CLASS: _____
PREPARED BY: _____

**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 4 Good
2. The principal office address: 121 S. Orange Ave, Suite 850
Orlando FL 32801
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/15/15 Document number: N15 000000 492

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)

Stacey Stuck
121 S. 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 S. 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.

Signature of an officer or director

Rodrigo Cunha - Member
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.

Signature of Registered Agent

8/6/18
Date

If signing on behalf of an entity:

Rodrigo Cunha
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
CR2E045 (03/12)