

PO1 0000 66416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

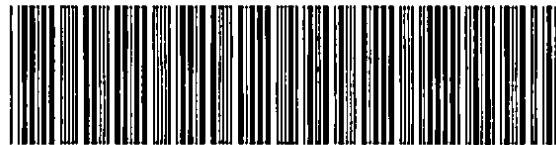
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEC 06 2021
A. RAMSEY

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DEC 06 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE MAGIC ZOO, INC
Name of Corporation

DOCUMENT NUMBER: P01000066416

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:

David Rosenfield
Name of Contact Person

The Magic Zoo, Inc
Firm/Company

PO Box 377
Address

Mountainair, NM 87036
City/State and Zip Code

david@themagiczoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Rosenfield at (727) 688-8243
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: THE MAGIC ZOO, INC
- 2. The principal office address: New address: 4171 West Hillsboro Boulevard, Suite 4,
Coconut Creek, FL 33073
- 3. The mailing address (if different): PO Box 377 Mountainair, NM 87036
- 4. Date of incorporation/qualification: 06/29/2001 Document number: P01000066416
- 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)

OLD ADDRESS: LIPSON, SAUL B.
1515 UNIVERSITY DRIVE 222
CORAL SPRINGS, FL 33071

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

LIPSON, SAUL B.
4171 West Hillsboro Boulevard, Suite 4
P.O. Box NOT acceptable
Coconut Creek, FL 33073

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 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
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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.

Merry Rosenfield
Signature of an officer or director

Merry Rosenfield - 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.

Saul B. Lipson
Signature of Registered Agent

11/5/21
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
 CR2E045 (04/13)