P04000113475

(Requestor's Name)				
(Address)				
(Address)				
(1001033)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dashiess Ellity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
]				

Office Use Only



700355807557

12/04/20--01013--002 **35.00

29/10:1:4 PK 1:36

RCIChs

JAN 2 2 2021 I ALBRITTON

COVER LETTER

TO:

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Magnus Graphics, Inc. of Corporation
Name	of Corporation
DOC	UMENT NUMBER: P04000113475
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
David	H. Fauss
	of Contact Person
Magn	us Graphics, Inc.
_	Company
3500	Gateway Drive, Suite 105
Addre	
Pomp	ano Beach, FL 33069
City/S	State and Zip Code
	dfauss@magnuweb.com
E-ma	il address: (to be used for future annual report notification)
For fu	orther information concerning this matter, please call:
David	H. Fauss 954 784-0110x203
	Name of Contact Person at (954) 784-0110x203 Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Street Address: Amendment Section Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cho	nnge is submitted for a corporation	n organized under the laws of the State of Florida	<i></i>	
 _	• • • • • • • • • • • • • • • • • • • •	r registered agent, or both, in the State of Florida Inc.		
1. The name of	the corporation: Magnus Graphics office address: 3500 Gateway Driv	ve. Suite 105		
2. The principal Pompano Beach				
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 7/12/93	Document number: P93000048628		
5. The name and Florida Depart	d street address of the current regirtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)		
	David H. Fauss			
	1305 NE 23rd Avenue, Ste 1		د. ست م	
	Pompano Beach, FL 33062		:=	
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office	997 11 12 - 14 PK	
	David H. Fauss			
	3500 Gateway Drive, Suite 105		30	
P.O. Box NOT acceptable				
	Pompano Beach, FL 33069			
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registered	d agent,	
Such change wa	as authorized by resolution duly he board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.		
) pr	David H. Fauss, P		
3	ne of an officer or director	Printed or typed name and title		
I further agrée of my duties, ar document is bei	the appointment as registered a to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this a	gent and agree to act in this capacity. all statutes relative to the proper and complete perfo the obligation of my position as registered agent. O ge in the registered office address, I hereby confirm change.	ormance r, if this that the	
) LIL	12/1/20		
Sig	nature of Registered Agent	Date		
If signing on be	ehalf of an entity:			
David H. Fauss		_		
Т	yped or Printed Name			

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