

P06000012863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

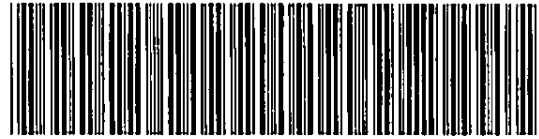
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2017 NOV -6 PM 4:54  
U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

C. GOLDEN

NOV 07 2017

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Magic of Learning, INC  
Name of Corporation

DOCUMENT NUMBER: P06000012863

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:

Annabella Vielma  
Name of Contact Person

The Magic of Learning, INC  
Firm/Company

660 Crandon Blvd Suite 110-140  
Address

Key Biscayne, Florida 33149  
City/State and Zip Code

magic.annabella@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Nucci at 305, 3617909  
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

August 10, 2017

ANNABELLA VIELMA  
660 CRANDON BOULEVARD  
SUITE 110 - 140  
KEY BISCAYNE, FL 33149

SUBJECT: THE MAGIC OF LEARNING, INC.  
Ref. Number: P06000012863

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 817A00016359

RECEIVED  
17 NOV -6 PM 2:52  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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 of Learning, INC
2. The principal office address: 660 Crandon Blvd, Suite 110-140  
Key Biscayne, FL 33149
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/25/2006 Document number: P06000012863
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)

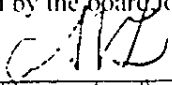
Annabella Vielma-Klindt  
2101 Brickell Ave, Apt 607  
Miami FL 33129

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

Annabella Vielma  
2101 Brickell Ave, Apt 607  
Miami FL 33129

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

10/10/2017  
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

08/03/2017  
Date

If signing on behalf of an entity:

Annabella Vielma  
Typed or Printed Name

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