DO06581

(Re	questor's Name)	
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I have

CR0E045 (8/05)

COVER LETTER

TO: An Div	nendment Section vision of Corporations					
SUBJECT	: MAGIC I	MUSIC INC				
c ., 2 ., 2	Name	e of Corporation				
DOCUME	NT NUMBER:	207000065815				
The enclose	ed Statement of Change of Registered	Office/Agent and fee are submi-	tted for filing.			
Please retu	rn all correspondence concerning this i	natter to the following:				
		AS B GORRIO of Contact Person				
	MAGIC MUSIC INC Firm/Company					
	9737 NW 41 STREET #512.					
	DORAL, FL 33178 City/State and Zip Code					
	SYLVIAGCAS E-mail address: (to be used	TRO@YAHOO.COM for future annual report notif	fication)			
For further	information concerning this matter, pl	ease call:				
• • • • • • • • • • • • • • • • • • • •	TOMAS B GORRIO Name of Contact Person	at (<u>305</u> Area Code & Dayti	431-4598			
Enclosed is	a \$35.00 check made payable to the E	•	me receptione transport			
	Matting Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Buildi	ection orporations ng e Center Circle			

3-4643

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 chan	ige its registered o	oration organized under the taws of the State of L office or registered agent, or both, in the State of F		
 The name of the corpo The principal office ac 		W 11 TERRACE, MIAMI, FL 33182		
3. The mailing address (i	f'different): 9737	7 NW 41 STREET #512, DORAL, FL 33	178	
4. Date of incorporation/	qualification;	JUN 4 2007 Document number: F	0700006	5815
5. The name and street at Florida Department of		nt registered agent and registered office on file with the control of the mile with the control of the control	th the	
TOMA	AS B GORRIO		_	
9737	NW 41 STREE	ET #512	SE AL	200
DORA	AL. FL 33178		CRE	2009 OCT -9
6. The name and street at (if changed):	ddress of the new r	registered agent (if changed) and /or registered off	TARY OF ASSEE, F	
TOMA	AS B GORRIO		- A01	AM 11: 26
13150	NW 11 TERR		A COL	26
-		P.O. Box NOT acceptable	_	
MIAM	I, FL 33182		-	
The street address of its as changed will be ident	registered office	and the street address of the business office of it	is registere	d agent,
, ,	13	n duly adopted by its board of directors or by an on has been notified in writing of the change.		
Signatur Stan ett	SWI	TOMAS B GOR	RIO	
I hereby accept the app I further agree to compl of my duties, and I am i document is being field corporation has been no	piniment as regist y with the provisi amiliar with and i menty to reflect offica in writing o	tered agent and agree to act in this capacity, ions of all statutes relative to the proper and con accept the obligation of my position as registere a change in the registered office address, I heret of this change.	nplete perfe d agent. C by confirm	ormance or, if this that the
- m	M	10/05/2009		
Signatare of <u>W</u>	egentered Agent	Date		
If signing on behalf of a	in entity:			
Typed or Pri	oted Name			

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