

P100000652,73

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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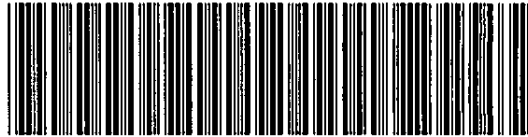
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 10 2015

D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Magic Marine Inc.

Name of Corporation

**DOCUMENT NUMBER:** P10000065273

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:

**Wallace E Hunter**

Name of Contact Person

**Magic Marine Inc**

Firm/Company

**1037 SW Pine Island Rd**

Address

**Cape Coral, FL 33991**

City/State and Zip Code

**whunterbp@yahoo.com**

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

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TALLAHASSEE, FL 32301  
SECRETARY OF STATE

For further information concerning this matter, please call:

**Wallace Hunter, Sr**

Name of Contact Person

at ( **407** ) **921-6900**

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

**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 Marine Inc
2. The principal office address: 1037 SW Pine Island Rd
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/09/2010 Document number: P10000065273
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)

BENNETT, THOMAS MSR

615 CAPE CORAL PKWY W SUITE 107 CAPE CORAL, FL 33914

RESIGNED

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

Wallace E Hunter, Sr

1037 SW Pine Island Rd

P.O. Box NOT acceptable

Cape Coral, FL 33991

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.

T. Michael Bennett  
Signature of an officer or director

T. MICHAEL BENNETT  
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.

Wallace E. Hunter, Sr.  
Signature of Registered Agent

08/28/2015  
Date

If signing on behalf of an entity:

WALLACE E. HUNTER, SR.  
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