## P12000073106

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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

MACNIELEV HEALT TO INC					
SUBJECT: MAGNIFLEX USA, LTD., INC. Name of Corporation					
DOCUMENT NUMBER: P12000073106					
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
CHRISTOPHER A. DISCHINO, ESQ.					
Name of Contact Person					
DISCHINO & SCHAMY, PLLC					
Firm/Company	<del></del>				
4770 BISCAYNE BLVD., SUITE 600					
Address	<del></del> _				
MIAMI, FL 33137					
City/State and Zip Code	<del></del>				
ADMIN@DSMIAMLCOM					
E-mail address: (to be used for future annua	l report notification)				
For further information concerning this matter.	please call:				
HEATHER LEIGH	at (786 )581-2542  Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the	e Department of State.				
Mailing Address: Amendment Section	Street Address:				
Amendment Section Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810				
	Tallahassee, FL 32303				

CR2E045 (04/13)

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submittet	ections 607.0502, 61 d for a corporation registered office or .	organized	under the laws	of the State of	FLORI	DA	
1. The name of t	he comoration:	MAGNIFLEX USA	A, LTD., INC	2.				
2. The principal	office address:	3050 BISCAYNE BI	LVD SUII	E 200. MIAMI	. FL 33137			
3. The mailing a	ddress (if differ	rent): 3050 BISCAY	NE BLVD.	SUITE 200, M	ПАМІ, FL 3313	7		
4. Date of incorp	oration/qualific	cation; 01/24/2008		Document nu	mber: <u>P120000</u>	73106		
5. The name and	l street address (	of the current regist (If resigned, enter re	ered agent					
	DISCHINO & S	SCHAMY, PLLC						
	2511 S DIXIE I	HWY. SUITE C				_		
	WEST PALM I	BEACH, FL 33401						
6. The name and (if changed):	4770 BISCAYNE BLVD. SUITE 600, MIAMI, FL 33137  P.O. Box NOT acceptable							Section 1
	P.O. Box NOT acceptable					- ja 1 - ja 1 -	11:00	2.5
The street addre as changed will	ss of its registe be identical.	ered office and the s	street addre	ess of the busi	ness office of i			
Such change wa authorized by th	s authorized by c board or the	y resolution duly ac corporation has be	dopted by i	s board of dir in writing of	ectors or by an the change.	office	r so	
Signatur	n officer or dir	ector	a	77/1 V\ND#	rA. Di Sch or typed name and t	1110,7	4u M	nud
I further agree to of my duties, and document is being corporation has	o comply with a d I am familiar ng filed merely	nt as registered age the provisions of al with and accept th to reflect a change in writing of this ch	ll statuteš r ve obligatio v in the rev	ee to act in th	is canacity	$\circ$	Q11U7	000
If signing on bel	/ ' '			/ /	Date			
CHRISTOPHER	A. DISCHINO							
Ту	ped or Printed Name	e						

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