P13 0000 17980

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Magic city Consulting	JP-454HP
DOCUMENT NUMBER: P1300001748	00
The enclosed Statement of Change of Registered Of	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
BRIAN THOMPSON	
Magic City Consulti Firm/Company 4405 Akita DZ Address	n Sq.
Firm/Company	
Address	
TAMPA FL 33624 City/State and Zin Code	
	3664 & YAHOU.COM
BTH・レット・ンプ E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, plea	se call:
BRIAN THUMBSON	at (813) 690 Z390 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	partment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
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Tallahassee, FL 32303

CR2E045 (04/13)

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

4. Date of incorporation/qualification: 2/25/2013 Document number: P13 0000 17980 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) Onited States (Organia Too) Afford INC 5575 S. SEMULAN BIUS SUITE 36 ORIANO FL 3 2822 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): BRIAN THURSON 4405 AKITA DR TAMPA FL 33624 PO Box NOT acceptable 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. BRIAN THURSON If prefer 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 daties, and I am familiar with and accept the abligation of my position as registered agent. Or if this document is the being filed merely to reflect a change in the registered office address. Thereby confirm that the carporation has been notified in writing of this change. Signature of Registered Agent	Orland States Corporation Affects INC 5575 S. SEMUZAN BIUD SUITE 36 Orland FL 3 Z8ZZ 6. The name and street address of the new registered agent (if changed) and for registered office (if changed): BRIAN THURSON 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. Bright Harryon Preside Thereby 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. Thereby confirm that the corporation has been notified in writing of this change.	 The name of t The principal 	the corpora	tion: <u>Ma5î</u> ress: <u>1293</u>	CIT	DAIE	MABIR	Υ	TAMPA	FL	<u>3%(</u>	ષ્ઠ
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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. Below Harpson Prosider Signature of an officer or director Printed or typed name and fule 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 Date	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. Bright Harbor Profiled Bright Harbor Profiled 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 Date					,	-	_			SSEC PLOBIDA	PM 2:
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Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)



April 7, 2020

BRIAN THOMPSON MAGIC CITY CONSULTING 12938 N DALE MABRY HWY TAMPA, FL 33618

SUBJECT: MAGIC CITY CONSULTING INC.

Ref. Number: P13000017980

We have received your document for MAGIC CITY CONSULTING INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Registered Agent Change for a Limited Partnership or Limited Liability Limited Partnership, but your entity is a Florida Profit Corporation. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Met Solomon Regulatory Specialist II Supervisor

Letter Number: 820A00007467

RECEIVED
APR 1 5 2020