

P13 0000 17980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

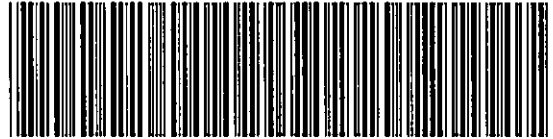
(Business Entity Name)

(Document Number)

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2020 APR 15 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 15 2020

M. SOLOMON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Magic City Consulting
Name of Corporation

DOCUMENT NUMBER: P13000017980

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:

Brian Thompson
Name of Contact Person

Magic City Consulting
Firm/Company

4405 Akita Dr
Address

Tampa FL 33624
City/State and Zip Code

BThompson33624@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Thompson at (813) 690 2340
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 City Consulting
2. The principal office address: 12938 N DALE MABRY Tampa FL 33618

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/25/2013 Document number: P13000017980

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)

UNITED STATES CORPORATION AGENTS INC
5575 S. SEMURAN BLVD SUITE 36
ORLANDO FL 32822

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

BRIAN THOMPSON
4405 AKITA DR Tampa FL 33624
P.O. 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.

B-T
Signature of an officer or director

Brian Thompson, President
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.

B-T
Signature of Registered Agent

4-13-2020
Date

If signing on behalf of an entity:

Magic City Consulting
Typed or Printed Name

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

Already Sent

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

FILED
2020 APR 15 PM 2:01
CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 820A00007467

RECEIVED

APR 15 2020