

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCAC00000023 : (850)222-1092 Phone

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE MAGIC CITY JEWELS, INC.

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COVER LETTER

TO: Amon Divisi	dment Section on of Corporations		
SUBJECT:_	AGIC CITY JEWELS, INC. Name of Corporation		
	•		
DOCUMENT	P13000022827 NUMBER:		
The englosed	Statement of Change of Registered Office/Agent and fee are submitted for	filing.	
Please return a	all correspondence concerning this matter to the following:		
	Eric Shambany		
	Name of Contact Person		
	MAGIC CITY JEWELS, INC.		
	Firm/Company	· 🔙 😸	.40
	9717 Wilden Lane	14 NOV -7 SEL Starked	120
	Address		į
	Potomac, MD 20854		÷
	City/State and Zip Code	AH IO:	ξ
	esharabany@gmail.com	950 50	
	E-mail address: (to be used for future annual report notification)	. ***	
For further inf	ormation concerning this matter, please call:		
Eric Sharebany			
	Name of Contact Person Area Code & Daytime Tele	phone Number	
Enclosed is a !	335.00 check made payable to the Department of State.		
Cestonae martis)	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahasses, FL 32314 Street Address: Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahasses, FL 32301	r Circle	

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 Statement of change is submitted for a corporation organized under the laws of the State of Fixed in order to change its registered office or registered agent, or both, in the State of Florida.	rida
1. The name of the corporation: MAGIC CITY JEWELS, INC.	
2. The principal office address: 9717 Wilden Lane Potomac, MD 20854	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 03/11/2013 Document number: P130000228	n
5. The name and street address of the ourrent registered agent and registered office on file with the Florida Department of State: (if resigned, enter resigned)	the
Eric Sharebarry	
601 NE 36TH STREET, #1304	TALL SEC
MIAMI, FJ- 33137	F & m
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
CT Corporation System	
c/o C T Corporation System, 1200 South Pine Island Road	25 S
P.O. Box NOT acceptable	D// 0
Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its reas changed will be identical.	gistered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	per so
Bric Sharabany, President	
Signature of an extract of discours Printed or types plane and this interests accept the approximation as registered agent and owner to get in this connection	
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 complet performance of my childs, and I am familiar with and accept the obligation of my position as agent. Or, if this document is being filed merely to reflect a change in the registered affice we hereby confirm that the corporation has been notified in writing of this change. Corporation system	e registered idress, [
By: Magail Bush 11/6/14	
If signing on behalf of an entity:	
Typot 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 3231/	6

CR2R045 (03/12)