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Division of Corporations

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Account Name : HARVARD BUSINESS SERVICES,

Account Number : I20080000045 Phone

: (302) £45-7400

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Email Address: rv3group@gmail.com

REGISTERED AGENT CHANGE MAGNUS EMPIRE, CORP.

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Corporate Filing Menu

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

statement of cha	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida State on organized under the laws of the State of <u>F</u> loti	ida	
		r registered agent, or both, in the State of Flori	ida.	
1. The name of	the corporation: MAGNUS Ef	MPIRE, CORP.		
2. The principal	office address: 1500 OCEAN	N DRIVE UPH2		
MIAMI BI	EACH, FL 33139	sa <sup>2</sup>		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 11/08/2	2013Document number: P130000	91548	
	d street address of the current regi- rtment of State: (If resigned, enter	istered agent and registered office on file with the resigned) $\sim N$	he	
	Gonzalez & Rodriguez,	P.L.		
	999 Ponce de Leon Blv	d. SUITE 1135		
	CORAL GABLES, FL 3	3134	2018 APR	
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office	発える	T*
	Registered Agents Inc.	:		-
	3030 N. Rocky Point Dr		<b></b>	
	Tampa, FL 33607	Box NOT acceptable		
The street address changed will	ess of its registered office and the	e street address of the business office of its reg	gistered agent,	
Such change wa authorized by th	as authorized by resolution duly a	adopted by its board of directors or by an officeen notified in writing of the change.	er so	
*	ine of an efficiency	Roger W. van Voorhees Dir	ector	
performance of agent. Or, if th	' my auties, and 1 am Iaminar will	gent and agree to act in this capacity, all statutes relative to the proper and complet h and accept the obligation of my position as to reflect a change in the registered office ad otified in writing of this change.	registeren	
Bi	el Have	03/27/2016		
Sig	mature of Registered Agent	Date	, , , , , , , , , , , , , , , , , , ,	
If signing on be	chalf of an entity:			
	Assistant Secretary	_		
Т	yped or Printed Name	NO PPP- \$25.00 + + +		
		NG FEE: \$35.00 * * * TO FLORIDA DEPARTMENT OF STATE		
M CR2E045 (03/12)	AIL TO: DIVISION OF CORPORATE	ONS, P.O. BOX 5327, TALLAHASSEE, FL 32314	4	

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