

P 17000042242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

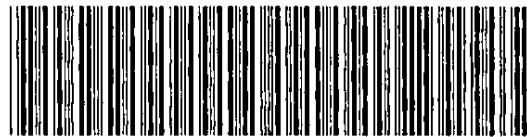
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JUN 20 2017  
JUN 20 2017

C. GOLDEN

JUN 28 2017

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE MAGIC BUS TRANSPORT CORP  
Name of Corporation

**DOCUMENT NUMBER:** P17000042242

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:

**Elizabeth Bellido de Luna**

Name of Contact Person

Firm/Company

**16457 SW 97th ST**

Address

**Miami, FL 33196**

City/State and Zip Code

**elizabethbdl34@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Elizabeth Bellido de Luna**

Name of Contact Person

at ( **305** ) **3401902**

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2017

ELIZABETH BELLIDO DE LUNA  
16457 SW 97TH STREET  
MIAMI, FL 33196

SUBJECT: THE MAGIC BUS TRANSPORT CORP  
Ref. Number: P17000042242

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 717A00010915

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**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: The Magic Bus Transport Corp
2. The principal office address: 16457 SW 97th St, Miami FL, 33196
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/05/2017 Document number: P17000042242
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)

Elizabeth Bellido de Luna

5218 Sw 141 Pl, Miami, FL 33196

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

Elizabeth Bellido de Luna

16457 Sw 97th ST Miami FL, 33196

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

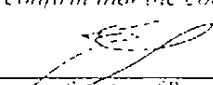
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
\_\_\_\_\_  
Signature of an officer or director

Elizabeth Bellido de Luna 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.*

  
\_\_\_\_\_  
Signature of Registered Agent

05/19/2017

\_\_\_\_\_  
Date

If signing on behalf of an entity:

ELIZABETH BELCIDO DE LUNA  
\_\_\_\_\_  
Typed or Printed Name

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