Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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

Email Address: <u>qabriela@dartmouthinternational.com</u>

REGISTERED AGENT CHANGE MAGNAT ORLANDO, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

(((H24000400961 3)))

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

statement of cha	provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508. Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registored agent, or both, in the State of Florida.	
	he corporation: MAGNAT ORLANDO, INC.	
2. The principal office address: Plaza Independencia Nro. 822 of 601. Montevideo, Uruguay CP 11000		
3. The mailing a	ddress (if different):	
	poration/qualification: 04/17/2018 Document number: P18000035045	
	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	FRIEDHOFF, ROBERT H.	
	1395 BRICKELL AVENUE, 14TH FLOOR (JHF)	
	MIAMI, F1. 33131	
6. The name and (if changed):	MIAMI, FL 33131 I street address of the new registered agent (if changed) and /or registered office Registered Agents Inc.	
	Registered Agents Inc.	
	7901 4th Street N. Ste 300	
	P.O. Box NOT acceptable	
	St. Petersburg, Fl. 33702	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by Al	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the curporation has been notified in writing of the change.	
Me	Mauricio Gamba Natel	
1	the appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance and familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the span notified by writing of this change.	
1)av	December 2, 2024	
Sig	mature of Regulered Agent	
If signing on be	chalf of an entity:	
David Ro		
ī	ypod or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassef, FL 32314
CR2E045 (04/13)