

P96 CC00 69683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

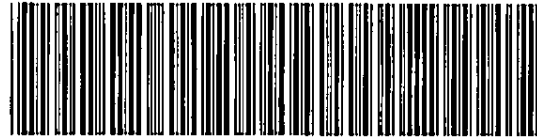
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100349319551

08/05/20--01017--015 *\$35.00

FILED

2020 AUG -5 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAGICAL MILE, INC.
Name of Corporation

DOCUMENT NUMBER: P96000069683

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:

EMA KOJA

Name of Contact Person

MAGICAL MILE INC.

Firm/Company

7151 NW 6 CT

Address

MIAMI, FL 33150

City/State and Zip Code

ACCOUNTING@EMASAV AHL.COM

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

For further information concerning this matter, please call:

EMA KOJA

Name of Contact Person

at (305) 754-6717

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: MAGIAL MILE, INC.
2. The principal office address: 7151 NW 6 CT, MIAMI, FL 33150
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/10/1999 Document number: P96000069683
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)

AMERILAWYER CHARTERED (RESIGNED)

1840 CORAL WAY 4TH FLOOR

MIAMI, FL 33145

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

EMA KOJA

7151 NW 6 CT

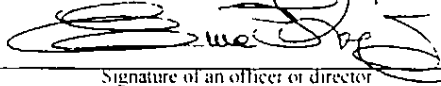
P.O. Box NOT acceptable

MIAMI, FL 33150

FILED
2020 AUG -5 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FL

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.

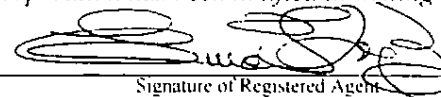


Signature of an officer or director

EMA KOJA

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

06/01/2020

Date

If signing on behalf of an entity:

Typed 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 32314
CR2E045 (04/13)