

P98000094142

(Requestor's Name)

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(City/State/Zip/Phone #)

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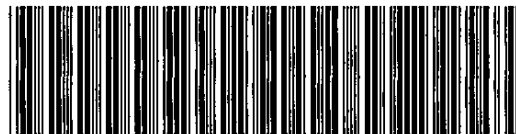
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TO: Amendment Section
Division of Corporations

SUBJECT: Magic Auto Services, Inc
(Name of Corporation)

DOCUMENT NUMBER: P 98000094142

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:

Tom Wood, Esq.
(Name of Contact Person)

Graham Woods P.L.
(Firm/Company)

171 Hood Av., Ste 21
(Address)

Tavernier, Fl. 33070
(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Woods at (305) 453-2552
(Name of Contact Person) (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

