## P9900063201

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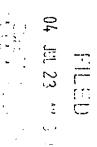
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## **COVER LETTER**

10:	Amendment Section Division of Corporations
CHOL	ECT: Magy Management Services, Inc.
SOBI	(Name of corporation)
DOC	JMENT NUMBER: P99000063201
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Andrew Gerstman
	(Name of contact person)
	Magy Management Services, Inc.
	(Firm/Company)
	12365 Antille Dr.
	(Address)
	Boca Raton, FL 33428
	(City/state and zip code)
For fu	rther information concerning this matter, please call:
Andre	w Gerstman at (561 ) 213-9537  (Name of contact person) (Area code & daytime telephone number)
	(Name of contact person) (Area code & daytime telephone number)
Enclo	sed 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  409 E. Gaines Street  Tallahassee, FL 32399

## 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 nge is submitted for a corporation organized under the laws of the State of Florida rockange its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Magy Management Services, Inc.
2. The principal	office address: 12365 Antille Dr., Boca Raton, FL 33428
3. The mailing a	ddress (if different): NA
4. Date of incom	poration/qualification: 07/01/99 Document number: P99000063201
	street address of the current registered agent and registered office on file with the tment of State:
	Jennifer L. Augspurger, Esq.
	7301 W. Palmetto Park Rd., Ste. 101A
	Jennifer L. Augspurger, Esq.  7301 W. Palmetto Park Rd., Ste. 101A  Boca Raton, FL 33433-3453
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Andrew Gerstman
	12365 Antille Dr.
	(P.O. Box NOT acceptable)  Boca Raton, FL 33428
The street addre	ess of its registered office and the street address of the business office of its registered agent.
Such change was authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer so le board, or the corporation has been notified in writing of the change.
(Signate	Andrew Gerstman, Pres.  (Printed or typed name and title)
I further agree to of my duties, an document is bei corporation has	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 of I am familiar with and accept the obligation of my position as registered agent. Or, if this not filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
If signing on be	half of an entity:
NA (1	'yped or Printed Name)

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