P16000042015

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(Business Entity Name)				
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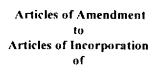
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: MAGNETAR CA	PITAL MULTISERVICES	CORP	
DOCUMENT NUM	P16000042015			
The enclosed Article	es of Amendment and fee are su	ubmitted for filing.		
Please return all con	respondence concerning this ma	atter to the following:		
	VALERIE LEROY JULIEN			
		Name of Contact Perso	n	
	MAGNETAR CAPITAL MULTISERVICES CORP			
		Firm/ Company		
	401 EAST LAS OLAS BLVD 130558			
		Address		
	FORT LAUDERDALE, FL 33301			
		City/ State and Zip Cod	e	
	MAGNETARCAPITALMS	VS@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
VALERIE LEROY	JULIEN	954 at (805-6208	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
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



MAGNETAR CAPITAL MULTISERVICES CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

MAGNETAR CAPITAL MULTISERVICES CORP

(Document	t Number of Corpor	ration (if known)		
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	atutes, this <i>Florida</i>	Profit Corporation	adopts the followin	g amendment
A. If amending name, enter the new name of the corpo	oration:			
MAGNECORP INC				The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbrevial	r "Co". A profes.	e," or "incorporatea sional corporation	" or the abbreviation name must contain	on "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>ESS</u>)			
			-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			_	
D. If amending the registered agent and/or registered new registered agent and/or the new registered officers.		lorida, enter the na	ame of the	
Name of New Registered Agent				
				-
	(Florida street addre.	ss)		_
New Registered Office Address:			, Florida	
	(City)	-	(Zip ('ode)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and	accept the obligatio	ns of the position.	
Signature	e of New Routeteron	Agent, if changing	 	-
. пунсти	e ig hen negmeren	глдет, у спандид		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add,

X Change	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	1	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2)Change		<u> </u>		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Ar (Attach additional sheets, if necessary).	(Be specific)		
		 	
			
	-		
			. •
If an amendment provides for an exc	hange, reclassification, or c	ancellation of issued_shares.	1
provisions for implementing the am (if not applicable, indicate N/A)	endment if not contained in	the amendment itself:	
(ly not applicance, materie WA)			
,, <u> </u>			
			

•

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) adoption:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	2)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirement. Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharel	holder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the are sufficient for approval.	nendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendment	ing statement ent(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
03/30/20 Dated	122	
sele	a director, president or other officer – if directors or officers have cted, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
	VALERIE LEROY JULIEN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	