## 017000057687

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Br	usiness Entity Name)	<del></del>
(Do	ocument Number)	
Certified Copies	Certificates of	f Status
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S TALLENT OCT 11 2017



July 25, 2017

MADELINE COLON MAGIC INSTALLER, INC. 1205 CASTERTON CIRCLE DAVENPORT, FL 33897

SUBJECT: MAGIC INSTALLERS, INC.

Ref. Number: P17000057687

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE FLORIDA PROFIT CORPORATION FORM THAT HAS BEEN PROVIDED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 217A00015028

Susan Tallent Regulatory Specialist II

TECTIO PHIS: 14

OUNSION OF CONTRAINES

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MAGIC INSTAL	LERS, INC.	
DOCUMENT NUMB			
	of Amendment and fee are so	ubmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	YUHANA BOLIVAR		
-	<u>_</u>	Name of Contact Perso	<u> </u>
	FY TAX AND SERVICES		
-		Firm/ Company	
	1413 E VINE ST		
-		Address	
1	KISSIMMEE, FL 34744		
٦		City/ State and Zip Cod	le
YBOL	IVAR01@GMAIL.COM		,
<del></del> .	•	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	·
YULIANA BOLIVAR		at ( <u>407</u>	3440286
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filling 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 nassec, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Yearthing Corpor Circle

Tailahassee, Fl. 32301

## Articles of Amendment to Articles of Incorporation of

MAGIC INSTALLERS, INC.			
(Name of Corporation	as currently filed with the	Florida Dept. of State)	
P17000057687			
(Docume	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation:	Statutes, this Florida Profit C	Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the corp	poration:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"Inc." or "Co". A profess		abbreviation
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS )	. •	الله الماريي. الله الماريي
		· 1	
			— म
C. Enter new mailing address, if applicable:			5 F
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		<del></del>
		*, *	<u> </u>
		* * * * * * * * * * * * * * * * * * * *	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the	
Name of New Registered Agent			<del>,</del>
	(Florida street address)		_
	(1 fortag sirver address)		
New Registered Office Address:	(City)	, Florida	p Code)
		,	,
S. D. Carlotta and Ministry in the Company of the C	d A		
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. 1:	tereu Agent: am familiar with and accept t	he obligations of the position	ı <b>.</b>
	-	~ ,	
	CAL D. C. J.	· · · · ·	_
Signat	ure of New Registered Agent,	u cnanging	

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)

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	<u>PT</u>	John De	<u>oe</u>	
X Remove	$\underline{V}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
l) Change	DOO		ANGEL VELAZQUEZ JR.	1205 CASTERTON CIRCLE
Add				DAVENTOPOT, FL.33897
X Remove				
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change	<del></del>	<del></del>		
Add				
Remove				
5) Change		<b></b>	11-12-11	
Add				
Remove				
6) Change		_		
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(g and appreciation, indicedit 1971)	
—— <u> </u>	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	7/2017	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	· ——·
Note: If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopty the shareholders was/were sufficiently.	pted by the shareholders. The number of votes cast for the amendment() Ticient for approval.	s)
	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east f	for the amendment(s) was/were sufficient for approval	
by	···	
•	(voting group)	
The amendment(s) was/were adopted action was not required.	pted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
DatedIO/	03/13	
Signature X	Vackline Colon	
(By a disselected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
	Hadeline Colon	
-	(Typed or printed name of person signing)	
	P.	
-	(Title of person signing)	