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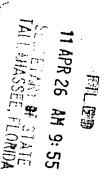
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COVER LETTER

	dment Section of Corporations		
NAME OF	CORPORATION: WEST COA	AST FLORIDA MAGIC INC	<u>.</u> .
DOCUMEN	T NUMBER: NIOOC	03599	
The enclosed	Articles of Amendment and fee are	submitted for filing. $\bigvee \mathcal{P}$	FASE ADD MY
Please return	all correspondence concerning this n	natter to the following:	EASE ADD MY
	GREG REISE	R	10-0681676
		of Contact Person)	
	WEST CONST FLORIDA	MAGIC INC.	
	`	irm/ Company)	
	9353 SACRAM	ento DR.	
		(Address)	
	NEW PORT RICHEY	FL 34655	
	(City/ S	State and Zip Code)	
	reisergreg @ YAI E-mail addiess: (to be u	HOD .COM used for future annual report notification	on)
For further in	nformation concerning this matter, ple		,
GREG	REISER	at (727) 364-	6644
	(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a	a check for the following amount mad	le payable to the Florida Department o	f State:
\$35 Filing	Gree ☐ \$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	Street Address Amendment Section	,
	Division of Corporations	Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

· to

Articles of Incorporation

WEST COAST FLORIDA MAGIC INC	•
(Name of Corporation as currently filed with the Florida	Dept. of State)
N1100003599	·
(Document Number of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida</i> the following amendment(s) to its Articles of Incorporation:	a Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corporati abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TALLA ASSEE, FLO
D. If amending the registered agent and/or registered office address in	Florida, enter the name of the
new registered agent and/or the new registered office address:	· 5
Name of New Registered Agent:	
New Registered Office Address: (Florida street ad	ldress)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

Florida_ (Zip Code)

<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add☐ Remove
			☐ Add☐ Remove
···		TO MY INCORPORATION ART	
I: Said corp purposes, pternal Rev II: Upon the ping of sec	poration is organized exclusively for the making of distributions to organize Code, or the corresponding dissolution of the corporation, as tion 501(c)(3) of the Internal Reverse	for charitable, religious, educational, and anizations that qualify as exempt organiz section of any future federal tax code. ssets shall be distributed for one or more enue Code, or the corresponding section	scientific purposes, includin ations under section 501(c)
a: Said corpurposes, nternal Revenue R	poration is organized exclusively for the making of distributions to organize the making of distributions to organize the corresponding to the corporation, as tion 501(c)(3) of the Internal Reveated to the federal government, or all be disposed of by a Court of Corporation or the corporated exclusively for such put the corporated excreption of the corporated excreption.	for charitable, religious, educational, and anizations that qualify as exempt organiz section of any future federal tax code. ssets shall be distributed for one or more enue Code, or the corresponding section to a state or local government, for a public properties or to such organization or organization or organization or organization or organization or organization.	scientific purposes, includin ations under section 501(c) exempt purposes within the of any future federal tax coolic purpose. Any such asset ch the principal office of the nizations, as said Court shall
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If amending the Officers and/or Directors, enter the title and name of each officer/director being

•	4/10/11				
The date of each amendment(s) adoption:					
Effective date <u>if applicable</u> :	(date of adoption is required)				
<u></u>	(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(<u>CHECK ONE</u>)				
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)				
There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.				
Dated	18/11				
Signature					
have not	pairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or rt appointed fiduciary by that fiduciary)				
	GREGO REISER				
	(Typed or printed name of person signing)				
	PRESADENT				
	(Title of person signing)				