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09 MAR -4 PH 2: 43
SECRETARY OF STATE
ALLAHASSEF, FLORIO

M.C. C.COULLIETTE MAR 0 5 2009 EXAMINER

COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF COR	PORATION: Masic	Corpet system	us Iac
DOCUMENT NU	MBER: P03000	142590	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		vic/ Constable of Contact Person)	
	(Fi	rm/ Company)	
		2508 May lay Dr (Address)	
·	•	TRAF (if Y FL 3	3565
For further inform	ation concerning this matter,	please call:	
(Nam	ne of Contact Person)	at (_\$/3 _) . 745 (Area Code & Daytim	- 9 SS / ne Telephone Number)
Enclosed is a chec	k for the following amount r	nade payable to the Florida Do	epartment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy is enclosed)
Mailing A Amendme		Street Address Amendment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallabassas El 22201

Articles of Amendment to **Articles of Incorporation** of

(Name of Corporation as currently filed with the Florida Dept. of State) MCGic Carpet Systems Inc.

(Document Number of Co	orporation (11 known)	
Pursuant to the provisions of section 607.1006, Florid following amendment(s) to its Articles of Incorporation: POSOBOLY A. If amending name, enter the new name of the corporation of the new name must be distinguishable and conta "incorporated" or the abbreviation "Corp.," "Inc.," "Co". A professional corporation name must association," or the abbreviation "P.A."	2590 poration: 10NS FNC 05707 ain the word "corporation," or Co.," or the designation "	"Atecl" "company," or "Corp," "Inc," or
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		09 MAR -4 PH 2: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA
D. If amending the registered agent and/or registered	i office address in Florida, ent	•
new registered agent and/or the new registered of		er the nume of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent.		ot the obligations of the
position.	11/1	

Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
-			Add Remove
-			Add Remove
E. If amer	nding or adding additional A additional sheets. if necessarv	Articles, enter change(s) here:). (Be specific)	
F. <u>Ifans</u>	amendment provides for an o	exchange, reclassification, or cancellat	ion of issued shares,

provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption:
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statemed must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" / (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing) Druid A Constante
(Title of person signing)
Provlent