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Amend Cas

COVER LETTER

FO: Amendment Section Division of Corporations				
NAME OF CORPORATION: MAGNETIC MILES INC. DOCUMENT NUMBER: PO6000146939				
DOCUMENT NUMBER: P06000146939				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MICHAEL CRISTOFORD	_			
Name of Contact Person MAGNETIC MILES INC. Firm/ Company 32 C E OSCEOLA STREET Address STUART F2. 34994	_			
Firm/Company 32 C E OSEEOLA STREET				
STUART F2. 34994				
City/ State and Zip Code	•			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
MICHAEL CRISTOFORD at 772 285-4375 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number	r			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

Articles of Amendment

. ,	to Articles of Incorporation				
MAGNETIL MI	les. Inx.				
(Name of Corporation as currently		of State)		-	
P060001:4		<u></u>			
	r of Corporation (if known)			-	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profi	t Corporation add	opts the following	g amendme	ent(s) to
A. If amending name, enter the new name of the	e corporation:				
				The new	v
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "Co". A prof				
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	able:			14 SET	10 m
				. '9	137
•				- 75章	23 R
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			922	(1) en 1-51
				در راه	で流
		 		-	
				-	
D. If amending the registered agent and/or registered		a, enter the name	of the		
new registered agent and/or the new register	ed office address;				
Name of New Registered Agent					
		·			
	(Florida street address)				
New Registered Office Address:	(C:t-)	, Florida	(W. C. 1)	-	
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing I	Registered Agent:				
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		ot the obligations	of the position.		

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)

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.

Example: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>D</u>	Steven Miles	32C E OSCEOLAST STUART FL. 34994
. Add Remove			
2) Change	<u>D</u>	PATRICK BISCHOFF	32 CE DSCEDLA ST STUART FL. 34994
Remove 3) Change Add	P, LEC	MICHAEL CRISTOFORD	32 C. EOSLEOLA ST STUART FL. 34994
Remove 4) Change Add	<u>C</u> <u>94.**1</u> "	DR. ROBERT BARATTA	32 C E. OSCEWA ST STUART FL-34994
Remove 5) Change Add	<u>CF0</u>	Charles Henry CPA.	32C E OSCEDLA ST. STUART FL. 34994
6) Change Add Remove	<u> </u>	DAN E. Paulos	32 C E OSCEOLA ST STUART FL. 34994

	adding additional A al sheets, if necessary). (Be specific)			
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an amendmen provisions for i	t provides for an ex implementing the ar	<u>cchange, reclassific</u> nendment if not co	cation, or cancella ontained in the am	<u>tion of issued share</u> endment itself:	<u>es,</u>
(if not appli	icable, indicate N/A)				
					-·· <u> </u>
		,			
		//			
	N	/A			
	N	'/A			
	N	/A			
	N	/A			
	N	/A			
	N	/A			

~//A	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(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 statement 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 shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated8/30/2014	
Dated 8/30/2014 Signature 4/6 CEO P	
(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)	
MICHAEL CRISTOFORO	
(Typed or printed name of person signing)	
CEO, P	
(Title of person signing)	