P06000146939

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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Comend

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

	tion: <u>MAGNET</u> r: <u>P014000</u>			
	'Amendment and fee are sul	•		
Please return all correspo	ondence concerning this mat	ter to the following:		
	32C S STUART	E. HEATH Name of Contact Person C. M. LES Firm' Company E. OSCECIA Address FL 34C City' State and Zip Code MAGNETICM L ed for future annual report	4	
For further information concerning this matter, please call:				
PAUA Name of	KILEY Contact Person	at (<u>772)</u> Area Co) 286 - 566 de & Daytime Telephone Number	
Enclosed is a check for the	he following amount made p	payable to the Florida Depa	irtment 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)	
Amenc Divisio	ng Address Iment Section on of Corporations ox 6327	Amend Divisio	Address ment Section on of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301



May 25, 2017

CHARLES E HEATH, CPA MAGNETIC MILES 32C SE OSCEOLA ST STUART, FL 34994

SUBJECT: MAGNETIC MILES, INC.

Ref. Number: P06000146939

We have received your document for MAGNETIC MILES, INC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted 2 separate applications. One was the correct form and the other was a limited liability company form. The Limited Liability Company form was the wrong form to use for this corporation so you have an overpayment of \$25.00 in our office. You just need to make the following corrections on the corporation form to be able to file this amendment.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Diane Cushing
Senior Section Administrator

Letter Number: 717A00010615

Articles of Amendment

	0			
	ncorporation of			
	MILES	INC		
(Name of Corporation as curren	tly filed with the	Florida Dept. of State)		
P0600014	6939			
(Document Number	of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit C	orporation adopts the following	lowing amendm	ient(s) to
A. If amending name, enter the new name of the corporation:				
			The nev	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A profess	or "incorporated" or t ional corporation name t	he abbreviatio must contain th	n e
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)				•
				• -
			· ·	• -
C. Enter new mailing address, if applicable:			.,	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			<u></u>	,
			7.7	
	·		ار:	•
				•
D. If amending the registered agent and/or registered office ad-		enter the name of the		
new registered agent and/or the new registered office addre	<u>88:</u>			
Name of New Registered Agent				
	treet address)			
V., D. C. LOVE ALL		r) - 1 1		
New Registered Office Address:	(City)	, Florida	(Zıp Code)	
	•		,	
New Registered Agent's Signature, if changing Registered Agen				
I hereby accept the appointment as registered agent.—I am familian	with and accept t	he obligations of the posit	tion.	
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	<u>194</u> <u>194</u>	ı Dog	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	PCEO_	MICHAEL CRISTOFORO	32C SE OSCEOLA ST
Add Remove			STUART FL 34994
2) Change			
Add Remove			
3) Change			
Add Remove			
4) Change			
Add			
Remove			
5) Change Add			
Remove			-
6) Change			
Add			

Attach additional sheets, if necessary).	(Be specific)	•		
	·			
			·	
-				
<u>-</u>				
				
			-	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N A)	ange, reclassification, on idment if not contained	r cancellation of issue I in the amendment its	<u>ed shares,</u> self:	
		.		

The date of each amendment(s) adoption:date this document was signed.	, if other than the
$M_{\rm W} \sim 12$	Ω
Effective date <u>if applicable</u> : PIPY 10 00 on ore than 90 da	vs after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The nur by the shareholders was/were sufficient for approval.	nber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
"The number of votes cast for the amendment(s) was/were su	fficient for approval
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors with ction was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without action was not required.	
Dated NIAY 12 2C17 Signature	'-
Signature	early CPA
(By a director, president or other officer - selected, by an incorporator - if in the hal appointed fiduciary by that fiduciary)	if directors or officers have not been
CHARLES	E HEATH CPA of person signing)
(Typed or printed name	of person signing)
CA	rrson signing)
(Title of pe	rson signing)