## P07000036006

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MAGIC SHU	TTLE, INC.
DOCUMENT NUMBER: <u>P07000036006</u>	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
AUNDRE SCOTT	
(Name of C	Contact Person)
MITRE PROFESSIONAL	SERVICES, INC.
(Firm/	Company)
1050 US HIGHWAY 27, ST	E 21
(Ad	idress)
CLERMONT, FL 34714	
(City/ State	and Zip Code)
For further information concerning this matter, ple	ease call:
AUNDRE SCOTT	at ( <u>800</u> ) <u>597-9962</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

M	IΑ	GΙ	C	SH	HU	TT	LE.	INC.
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(Name of corporation as currently filed with the Florida Dept. of State)

## P07000036006

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation

NEW CORPORATE NAME (if changing):	
N/A	
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc., (A professional corporation must contain the word "chartered", "professional association," or the abbreviation abbreviation (Must contain the word "chartered", "professional association," or the abbreviation (Must contain the word "chartered", "professional association," or the abbreviation (Must contain the word "chartered", "professional association," or the abbreviation (Must contain the word "chartered", "professional association," or the abbreviation (Must contain the word "chartered").	" or "Co.") viation "P.A.")
AMENDMENTS ADOPTED - (OTHER THAN NAME CHANGE) Indicate Article and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	e Number(s)
Kindly amend the following to ARTICLE II:	
The principal place of business address:	
251 Terra Lago Street, Davenport, FL. 33897	
The mailing address of the corporation is:	
251 Terra Lago Street, Davenport, FL. 33897	
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(Attach additional pages if necessary)	
If an amendment provides for exchange, reclassification, or cancellation of issued sharfor implementing the amendment if not contained in the amendment itself: (if not applica	es, provisions ble, indicate N/A
N/A	

(continued)

The date of each amendment(s) adoption: 10/25/07
Effective date if applicable: 10/25/07
(no more than 90 days after amendment file date)
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
The amendment(s) was/were approved 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.
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)
DEMIAN PONZO
(Typed or printed name of person signing)
SECRETARY/TRESURER
(Title of person signing)
FILING FEE: \$35