## P3000/0393/

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LLAHASSEE. FLORIDA

2009 AUG 27 PM 1: 08
SECRETARY OF STATE

FILED

## COVER LETTER

TO: Amendment Division of O	Section Corporations oLd - Ru	om Retirement	Services, INC
NAME OF COR	PORATION: MAG	om Retirement	boxes, INC.
DOCUMENT N	UMBER: P0800	00103931	
The enclosed Arti	icles of Amendment and fee a	are submitted for filing.	
Please return all c	orrespondence concerning th	is matter to the following:	
	RONALD	A. FASSLEC	<u> </u>
	N	lame of Contact Person	
	SAME	AS ABOVC	
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
•	6838 ONY	X Ofive Non	Th
		ity/ State and Zip Code	
	E-mail address: (to be use	d for future annual report notification)	com
RON	nation concerning this matter,  FASSLE  e of Contact Person	please call:	-9890
England is a above	ok for the following amount m	nade payable to the Florida Depar	•
	•		
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	▼\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A		Street Address	•
Amendment Section		Amendment Section	
P.O. Box (	f Corporations 5327	Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ZONG AUG 27 PM 1:08 **Articles of Amendment** to **Articles of Incorporation** (Name of Corporation as currently filed with the Florida Dept. of State) P0800010393

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

Enter new principal office address, if applicable: Incipal office address MUST BE A STREET ADDRESS  Enter new mailing address MUST BE A STREET ADDRESS  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  Registered Agent's Signature, if changing Registered Agent:  reby accept the appointment as registered agent. I am familiar with and accept the obligations of the pos	e must be distinguishable and contain reviation "Corp.," "Inc.," or Co.," or the	the word "cor e designation "C	Corp," "Inc," or "C	Co". A professional	The ted" or corpord
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:  Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  Florida (City) (Zip Code)	e must contain the word "chartered," "pro	ofessional assoc	iation," or the abbi	reviation "P.A."	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:  Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  (City) (Zip Code)  Registered Agent's Signature, if changing Registered Agent:	Enter new principal office address, if app	olicable:			
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:  Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  , Florida (City) (Zip Code)  Registered Agent:	ncipal office address <u>MUST BE A STREE</u>	ET ADDRESS )			
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Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  , Florida  (City)  (Zip Code)  Registered Agent's Signature, if changing Registered Agent:	Mailing address <u>MAY BE A POST OFFI</u>	(CE BOX)			
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	ew registered agent and/or the new reging Name of New Registered Agent:  New Registered Office Address:  Registered Agent's Signature, if changing	(Flor	dress: rida street address)	, Florida (Zip Code)	

## 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
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	nding or adding additional Artic additional sheets, if necessary).		
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provis	mendment provides for an exchions for implementing the amend not applicable, indicate N/A)		
	N/A		
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			or additional to the first two controls of the control of the cont

Date of Adoption - August 25, 2009

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"
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.
Dated 8/25/09
Signature  (By a difector, 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)
RONALD A. FASSLEr
(Typed or printed name of person signing)
PICSI DENT (Title of person signing)