P12000055611

(Requestor's Name)	_
(Address)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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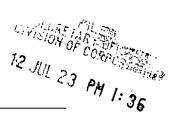
Amend 101/23/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MAGIC SQ	UARE INC.	
DOCUMENT NUMBER: P1200005561	1	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
SCHIAVON, STE	NO	
MAGIC SQUARE	Name of Contact Person	
WACIO OQOAILE	Firm/ Company	
2021 1st AVE N	r ithii/ Company	
	Address	
ST PETERSBUR	G FL 33713	
	City/ State and Zip Code	
MAGICSQUAREINC	@GMAIL.COM	
E-mail address: (to be us	ed for future annual report notificati	on)
For further information concerning this matter, pleas	e call:	
ELIZABETH LYTLE	_{at (} 727) 85°	1 9828
Name of Contact Person	Area Code & Day	time Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of	f State:
\$35 Filing Fee \$\text{Certificate of Status}\$	Certified Copy Cert (Additional copy is Cert enclosed) (Add	50 Filing Fee ficate of Status fied Copy litional Copy nclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle

Articles of Amendment Articles of Incorporation



to

MAGIC SQUARE INC.				
(Name of Corporation as curre	ntly filed with th	e Florida Dept. of St	ate)	
P12000055611				
(Document Num	ber of Corporation	n (if known)		-
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, ti	nis <i>Florida Profit Coi</i>	rporation adopts the followin	g amendment(s)
A. If amending name, enter the new name of	the corporation:			
	N/A			The new
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp." "Inc." o	r "Co". A professio		
B. Enter new principal office address, if app		N/A		-
(Principal office address <u>MUST BE A STREE</u>	<u>T ADDRESS</u>)			_
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		N/A		_
				-
D. If amending the registered agent and/or r new registered agent and/or the new regis			iter the name of the	-
Name of New Registered Agent	N/A			
	(17)	ı street address)		
		t street tidiiress)		
New Registered Office Address:	V/A	t air eet tutti essy	, Florida_N/A	_

I hereby accept the appointment as registered agent. I am familiar with and accept 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:	e, una sany	Smith, SV as an Aaa.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	DIR	SCHIAVON, STENO	MORERI 25/1
Add			34125 TRIESTE
Remove			ITALY
2) X Change	PRES	SCHIAVON, STENO	MORERI 25/1
Add			34125 TRIESTE
Remove			ITALY
3) X Change	VP	CRISMANI, FEDERICA	CARSIA 34/6
Add			34151 TRIESTE
Remove			ITALY
4) X Change	SEC	CRISMANI, FEDERICA	CARSIA 34/6
Add		,	34151 TRIESTE
Remove			ITALY
5) X Change	TREA	SCHIAVON, STENO	MORERI 25/1
Add			34125 TRIESTE
Remove			ITALY
6) Change			
Add			
Add			

ach additional sheets, ij	litional Articles, enter change(s) here: necessary). (Be specific)	
	N/A	
an amendment provide	for an exchange, reclassification, or can ing the amendment if not contained in th	cellation of issued shares,
(if not applicable, ind	cate N/A)	
	N/A	
	14//	·
		.
<u>.</u>		

The date of each amendment(s)	adoption: 07/17/2012
Effective date if applicable:	N/A
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
_{Dated} 07/17	
Signature	Hereful
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	SCHIAVON, STENO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)