## P15000042633

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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2020 AUG 31 AM II: 18 SECRETARY OF STATE



## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: MR. MAGIC PAINT INC DOCUMENT NUMBER: P15000042633 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JUNIOR CARRASCAL Name of Contact Person MR. MAGIC PAINT INC Firm/ Company 1150 OAK GATE CIR Address ALTAMONTE SPRINGS, FLORIDA, 32714 City/ State and Zip Code JUNIOR@MRMAGICPAINT.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUNIOR CARRASCAL Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee. FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

MR. MAGIC PAINT INC	2020 AUG 31 AM 11: 18
(Name of Corporation as	currently filed with the Florida Dent of State)
P15000042633	SECRETARY OF STATE
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	rutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	The new
	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>(SS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
<u> </u>	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered offic	
new registered water many the new registered office	<del>- 1001-1551</del>
Name of New Registered Agent	
(	Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	
I hereby accept the appointment as registered agent. I am	jamiliar with and accept the obligations of the position.
Signature	of New Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>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>	<u>Name</u>	<u>Addres</u> s	
1) X Change	P	CARRASCAL, JUNIOR S	1150 OAK GATE CIR,	
Add			ALTAMONTE SPRINGS.	
Remove			FLORIDA, 32714	
2) Change	<u> </u>			
Add				
Remove 3) Change				
Add				
Remove			<del></del> .	
4) Change	<del></del>			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<u> </u>		
Add				
Remove				

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	<del> </del>
· · · · · · · · · · · · · · · · · · ·	· ··
	<del></del>
or an amendment provides for an exchange provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for impromenting the anne	The state of the s
(if not applicable, indicate N/A)	

The date of each amendment(	s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		<u> </u>
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements to Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
sel	a director, president of other officer – If directors or officers have neeted, by an incorporator – if in the hands of a receiver, trustee, or of	
арұ	cointed fiduciary by that fiduciary)	
	JUNIOR S CARRASCAL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	