

P150000646 21

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

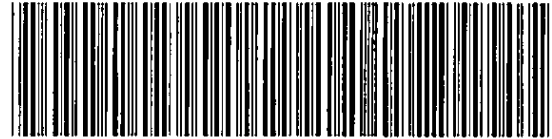
(Business Entity Name)

(Document Number)

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JUAN A. FIGUEROA, P.A., C.P.A.

CERTIFIED PUBLIC ACCOUNTANT
999 PONCE DE LEON BLVD. STE 525
CORAL GABLES, FL. 33134

TELEPHONE (305)448-5844
FAX (305)416-4060

MEMBER
AMERICAN INSTITUTE
OF CERTIFIED PUBLIC ACCOUNTANTS
AND
FLORIDA INSTITUTE
OF CERTIFIED PUBLIC ACCOUNTANTS

September 25, 2023

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314
Attn: Regulatory Specialist II – Morgan E Lovett

**Re: Change of addresses
Amendments of Articles of Incorporation
Sarrasani Circus International Corp.
MIC Development Corporation**

Dear Ms. or Mr. Lovett,

In response to your request for the above-mentioned and after speaking to an Agent on the phone, attached please find said documents corrected.

Please make the necessary changes and should there be anything else that needs to be done, please let us know.

Sincerely,

Juan A Figueroa, PA
Certified Public Accountant
JAF/cb
cc: file

Sarrasani Circus International Corp.
MIC Development Corporation

9/25/23 2:16 PM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2023

JUAN A FIGUEROA
999 PONCE DE LEON BLVD
STE 525
CORAL GABLES, FL 33134

SUBJECT: MIC DEVELOPMENT CORPORATION
Ref. Number: P15000064621

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

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.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 623A00021137

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MIC DEVELOPMENT CORPORATION

DOCUMENT NUMBER: P15000064621

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN A FIGUEROA
Name of Contact Person

JUAN A. FIGUEROA, P.A., CERTIFIED PUBLIC ACCOUNTANT
Firm/ Company

999 PONCE DE LEON BLVD., STE 525
Address

CORAL GABLES, FL. 33134
City/ State and Zip Code

CARMEN@JAFCPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN A FIGUEROA at (305) 448-5844
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

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

2016 SEP 28 PM 2:16
 RECEIVED

Articles of Amendment
to
Articles of Incorporation
of

MIC DEVELOPMENT CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000064621

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C/O JUAN A FIGUEROA, P.A. CERTIFIED PUBLIC ACCOUNTANT

999 PONCE DE LEON BLVD., STE 525

CORAL GABLES, FL. 33134

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

C/O JUAN A FIGUEROA, P.A., CERTIFIED PUBLIC ACCOUNTANT

999 PONCE DE LEON BLVD., STE 525

CORAL GABLES, FL. 33134

D. 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 JUAN A FIGUEROA, PA, CPA

999 PONCE DE LEON BLVD., STE 525

(Florida street address)

New Registered Office Address: CORAL GABLES, Florida 33134
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

N/A

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

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08/01/2023

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

08/01/2023

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

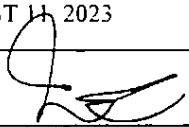
Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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 _____
(voting group)"

Dated AUGUST 11, 2023 _____

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)

JORGE H BERNSTEIN FOR NAVIEBLUE VENTURES LIMITED

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

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