## 592408

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SECRETARY OF STATEMS
DIVISION OF CORPORATIONS
OF JAN -9 PH 12: 38

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## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MAGIC ENTERTAINMENT, IN			
DOCUMENT NUMBER: 592408			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
RAMIRO MARTINEZ			
(Name of Contact Person)			
AV CREATIVE SOLUTIONS, INC.			
(Firm/ Company)			
150 MAGNOLIA PARK TRAIL			
(Address)			
SANFORD, FL 32773			
(City/ State and Zip Code)			
For further information concerning this matter, please call:			
RAMIRO MARTINEZ at (407) 234-2551 (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 \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Calcilional copy is enclosed}\$\$ enclosed\$\$\$ \$\ \text{S52.50 Filing Fee } \ \text{Certificate of Status}\$\$ Certified Copy (Additional Copy is enclosed)\$\$\$ (Additional Copy is enclosed)\$\$ \$\ \text{Certified Copy}\$\$ (Additional Copy is enclosed)\$\$\$			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301			

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



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MAGIC	ENTERTAINMENT,	INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)			
	592408		
(Do	cument Number of Corporation (if known)		

(Bootament Number of Corporation	
Pursuant to the provisions of section 607.1006, Florida Statut following amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the
A. If amending name, enter the new name of the corporation	<u>ı:</u>
AV CREATIVE SOLUTI	ONS, INC.
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A."	word "corporation," "company," or " or the designation "Corp," "Inc," or
B. Enter new principal office address, if applicable:	150 MAGNOLIA PARK TRAIL
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	SANFORD, FL
	32773
(Maning dailess MAI BLAI OSI OTTICL BOX)	150 MAGNOLIA PARK TRAIL
	SANFORD, FL
	32773
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office add	lress:
Name of New Registered Agent:	<del></del>
New Registered Office Address: (Florid	da street address)
	(City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am position.	
	D

Signature of New Registered Agent, if changing

The date of each amendment(s) adoption:
Effective date if applicable:  (no more than 90 days after amendment file date)
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"  (voting group)
(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_JANUARY 1, 2009
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)
RAMIRO MARTINEZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)