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(((H17000261872 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

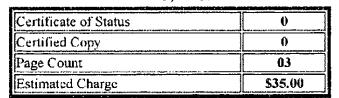
Account Number : FCA000000023 Phone : (512)418-6949

Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE MIR3, INC.



OCT 0 6 2017

S. YOUNG

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Corporate Filing Menu

Help

COVER LETTER

TO:	Amendment/Section Division of Corporations
SUBJ:	MIR3. INC:
	Name of Corporation
ກວດແ	MENT NUMBER:
The er	losed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	Cheryl Bavidson
	Name of Contact Person
	Onsolve
•	Firm/Company:
	780 W Granada Bivd
	Address
	Ormand Beach, FL 32174
	City/State and Zip Code
	annualreports@onsolve.com
	E-mail address: (to be used for future annual report notification)
För-füi	her information concerning this matter, please call:
Cheryl	Davidson 3B6 676 0294
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	d is a \$35.00 chack made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, PL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		organized under the laws of the State of Delaware registered agent, or both, in the State of Florida.		
1. The name o	f the corporation: MIR3; INC.			
2: The principa	al office address: 3398 CARMEL MO	UNTAIN ROAD, SUITE 100 SAN DIEGO, CA 9212	11	
		a Blvd, Ormand Beach, FL 32174		
4. Dáté òf indo	orporation/qualification: 06/21/2016	Document number: :F16000002892	***************************************	
o. The name.at	nd street address of the current registrartment of State: (If resigned, enter re	ered agent and registered office on the with the	** T	
	NRAI SERVICES, INC.			
	1200 SOUTH PINE ISLAND ROAD)		
	PLANTATION, FL 33324	. at 1	මුළු මේ	
6. The name ar (if changed)		d agent (if changed) and /or registered office	NORTH AND THE	1
	C T Corporation System		語表 「	ŋ
	c/o C T Corporation System, 1200 Sc	outh Pine Island Road	A 72 C	J
	P.O. Bo Plantation, Florida 33324	x NOT acceptable	12: 29	
The street add	ress of its registered office and the s Il be identical.	street address of the business office of its registere		
Such change; wanthorized by:	vas authorized by resolution duly ad the board, or the corporation has be	opted by its board of directors or by an officer so en notified in writing of the change.		
O	fure of an officer or displace	Description of Bondo E	EUP	
,-	7	nt und agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as regist a reflect a change in the registered affice whitess fied in wetting of this change.	ered , I	
By.	proporation System	16 /4/17 Date		
Dan	ehalf of an entity: iny Verdecchia stant Secretary	•		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)