6/25/2018



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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 CHILDREN'S MIRACLE NETWORK CORPORATION

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CHILDREN'S MIRACLE NETWORK CORPORATION

Name of Corporation

DOCUMENT NUMBER: F17000001589

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Registered Agent Solutions, Inc.

Finn/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

Name of Contact Person

at (888) 705-7274

Area Code & Daytime Telephone Number

E-mail address: (to be used for future annual report notification)

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

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

FL	

statement of cha	provisions of sections 607.05 nge is submitted for a corpor r to change its registered offi	ration organized	l under the laws of the	State of UT	AH		
1. The name of t	he corporation: CHILDRE	N'S MIRACI	E NETWORK CO	DRPORA	NOIT		
	office address: 205 WES						
SALT LAKE UT 84101							
3. The mailing a	ddress (if different):		<u></u>	•			
4. Date of incorp	ooration/qualification: 04/0	6/2017	Document number:	F17000	001589		
	istreet address of the current tment of State: (If resigned, or		t and registered office	on file with	the		
	CROSS, STACI	<u>-</u>					
	110 N FEDERAL HIGHV FORT LAUDERDALE, F		1	1			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions, Inc.							
	155 Office Plaza Dr.	, Suite A		بر المارية التاريخ	> <u>M</u>		
	P.O. Box NOT acceptable						
	Tallahassee, FL 323	301			₩ %		
The street address changed will	ss of its registered office an be identical.	d the street add	ress of the business of	fice of its r	egistered agent,		
Such change wa authorized by th	s authorized by resolution de board, or the corporation l	uly adopted by has been notifie	its board of directors of in writing of the cha	or by an ofi nge.	ficer so		
/S/ John La	ruck re of an officer or director	<u>J</u>	OHN LAUCK Printed or typed in		PRESIDENT		
I further agree t performance of agent. Or. if thi	the appointment as registere o comply with the provision my duties, and I am familian s document is being filed me that the corporation has bee	s of all statutes with and acce erely to reflect on notified in wi	relative to the proper of the obligation of my a change in the registe	and compl position a	ete s registered uddress, l		
Signing on be	natifical Registered Agent		Date				
Justine Karn	ell - Assistant Secret	tary					

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