# F200000H52

(Re	questor's Name)			
(Ad	dress)			
—— (Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only

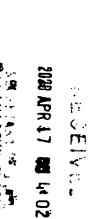
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GOLDEN ATR 2.2. 2020

#### COVER LETTER

TO: Amendm	ent Section Division of Corporati	ons	
SUBJECT: MI	RA HOLDINGS CANADA INC		
DOCUMENT NU	F20000001452	e of Corporation	
The enclosed Ame	endment and fee are submitted for	filing.	
Please return all co	orrespondence concerning this ma	atter to the following:	
	Irina Roth Neumann		
	Name of Contact Person		
	Roth Private Advising La	w	
	Firm/Company	_	
7	8 SW 7th Street Suite 500		
	Address	<del></del> ,	
	Miami, FL 33130		
	City/State and Zip Code		
irina@	rothpalaw.com		
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ation concerning this matter, plea	se call:	
Irina Roth	Neumann	at (30579888	878
Name	e of Contact Person	Area Code & Daytin	ne Telephone Number
Enclosed is a check	k for the following amount:		
\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	& \$52.50 Filing Fee, Certificate of Status Certified Copy

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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2020

CORPORATE ACCESS, INC.

SUBJECT: MIRA HOLDINGS CANADA INC.

Ref. Number: F2000001452

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden Regulatory Specialist II

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Letter Number: 620A00008199

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## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

### SECTION I (1-3 MUST BE COMPLETED)

2029777 2! AH 7:42

	F20000001452		
<del></del>	(Document number of corpor	ration (if known)	
MIRA HOLDINGS CANADA INC.			
	orporation as it appears on the rec	ords of the Department of Sta	te)
Canada	3	03/18/2020	
(Incorporated under I	aws of)	(Date authorized to do b	ousiness in Florida)
	SECTION II	·	
(4-7)	COMPLETE ONLY THE APP		
f the amendment changes the name of the	e corporation, when was the chan	ge effected under the laws of	its jurisdiction of
incorporation?		-	
•			
(Name of corporation after the amendmen	nt, adding suffix "corporation," "	company," or "incorporated,"	or appropriate abbreviation,
not contained in new name of the corpora	ition)		
If new name is unavailable in Florida, ent	ter alternate cornorate name ador	ted for the nurnose of transac	ting business in Florida)
			ting business theriorida)
If the amendment changes the period	of duration, indicate new period	of duration.	
	(New duration	<u> </u>	
•	(* ** ** ******************************	,	
If the amendment changes the jurisdi	iction of incorporation, indicate n	ew jurisdiction.	
,	····		
	(New jurisdiction		-
	( j	··· <b>·</b>	
f amending the registered agent and/o	r registered office address in Fl	orida, enter the name of the	
new registered agent and/or the new re			-
Name of New Registered Agent			
	(Florida street addre	ess)	<del></del>
New Registered Office Address:		, Florida_	
TER REGISTER Office Name 53.	(City)	, 11011du_	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agents		
hereby accept the appointment as registe	ered agent. I am familiar with a	nd accept the obligations of ti	he position.
Signature of New Regis	stered Agent, if changing		

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

-	Fitle/ Capacity	Nam	<u>.</u>	Address	į	Type of Action
_	Р	MAHER MURSI	HED	500 WELLINGTON	ST W	<b>\</b> Add
				STE 1001 TORONT	TO, ONTARIO CA	Remove
_			<del></del>			DAdd
					<del></del> -	
-	<del></del>					QAdd
					·	CRemove
-						DAdd
				<del></del>		CRemove
_			<del></del>			
					<del> </del>	Remove
10.	Attached is a confithe application	errificate or docum on to the Departmer of which it is incor	ent of similar import, evint of State, by the Secretal porated.	idencing the amendment ry of State or otherofficia	, authenticated not al having custody of	more than 90 days prior to delivery corporate records in the jurisdiction
•			(Signature of a directo	or, president or other offi	cer - if in the hands	of
	MAE	HER MURSHED	a receiver or other cor	urt appointed fiduciary, t	by that fiduciary) DIRECTOR	
		Typed or printed no	ame of person signing)		(Title of perso	on signing)

FILING FEE \$35.00