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CORPORATION SERVICE COMPANY'

CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

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TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

C C

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From: Janis M. Smith janis.smith@cscglobal.com

Date: January 26, 2016

Order#: 950500/004

Re: MIRACLE 84, LLC

Enclosed please find:

XX Change of Registered Agent and Office.
XX Check in the amount of \$25

Please take the following action:

<u>XX</u> File in your office on a routine basis.
 <u>XX</u> Issue Proof of Filing.
 <u>XX</u> Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 1	lame of the limited liability company: MIRACLE 84	, LLC			
2. (a	Attn: Robert Esposito Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	301 E. Las Olas Boulevard, 7th Floor Ft. Lauderdale, FL 33301				
	03/28/2012	L	12000042910		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	) Robert Esposito, c/o Stiles Corporation				
5. (0	Registered Agent and Registered Office shown on the records	of the Florida De	pt. of State:		
	301 E. Las Olas Boulevard, 7th Floor		• •		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)			
	inglande enterneties <u>megr berbendreting</u>	<u>17100/(LSS)</u>			
	_Ft. Lauderdale, F	FL_33301	TASE 0		
(b)	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addres			
	1201 Hays Street				
	NEW Registered Office Address:		AM 8: 49		
	Tallahassee, F	FL <u>32301</u>			
the ch agent was/v	limited liability company is not organized under the I ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited vere authorized by an affirmative vote of the members ticles of creanization or the members	of the register liability comp s of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in		
<u> </u>	ature of a permber or a serviced representative of a member	Dona P	riebe, Authorized Person		
Ť			Printed or typed name of signee		
provi the ol to me notifi	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple- ligations of my position as registered agent as provid refly reflect a change in the registered office address refly reflect a change in the registered office address refly reflect a change in the registered office address refly witting of this change	te performanc ded for in Cha Lhereby confi	e of my duties, and I am familiar with and accept pier 605, F.S. Or. if this document is being filed rm that the limited liability company has been		
Signal	ure of existered Agent Corporation Service Company	/ BY: Sylv	ia Queppet, Asst. Vice President		
Division of Corporations P.O. Box 6327 • Tailahassee, FL 32314 FILING FEE: \$25.00					