

N14000008423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700291452197

10/21/16--01004--015 **35.00

FILED
2016 NOV 28 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/1/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mirra International University, Inc
Name of Corporation

DOCUMENT NUMBER: N14000008423

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:

Dr. Luz De Jesus Vargas

Name of Contact Person

Same as Above

Firm/Company

26600 SW 146 Court # 505

Address

Homestead ,Florida 33032

City/State and Zip Code

drmontas@gmail.com

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

For further information concerning this matter, please call:

Dr. Luz DeJesus Vargas

Name of Contact Person

at (786) 486-2380

Area Code & Daytime Telephone Number

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
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2016

DR LUZ DE JESUS VARGAS
26600 SW 146 CT #505
HOMESTEAD, FL 33032

SUBJECT: MIRRA INTERNATIONAL UNIVERSITY, INC.
Ref. Number: N14000008423

We have received your document for MIRRA INTERNATIONAL UNIVERSITY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 416A00022813

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mirra International University
2. The principal office address: 26600 SW 146 Court # 505
Homestead Florida 33032
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/10/14 Document number: N14000008423

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Law offices of Neustein P.A Esq, 26600 SW 146 Court #505

Homestead ,Florida 33032

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rev. Dr. Osvaldo Jose Astudillo

26600 SW 146 Court #505

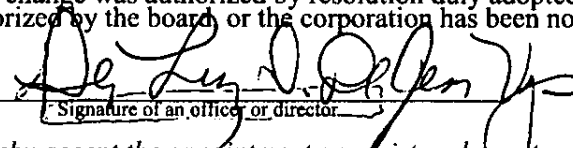
P.O. Box NOT acceptable

Homestead Florida 33032


FILED
2016 NOV 28 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Dr. Luz D. De Jesus Vargas
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 10/12/2016
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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