

P08000032812

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800)494-3124
Fax Number : (561)455-9885

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

MIRACLE MARKETING SERVICES, INC.

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11-5-08

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**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: MIRACLE MARKETING SERVICES, INC.
2. The principal office address: 10435 SW 25 ST, MIAMI, FLORIDA 33165
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/28/2008 Document number: P08000032812
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)

PORTHOS SANCHEZ

10435 SW 25 ST.

MIAMI, FLORIDA 33165

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

A1A REGISTERED AGENT INC.

5847 110TH AVENUE NORTH

(P.O. Box NOT acceptable)

ROYAL PALM BEACH, FL 33411

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.

(Signature of an officer or director)

PORTHOS SANCHEZ
(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.

Tina Maki
(Signature of Registered Agent)

TINAMAKIPRES 11/4/08
(Date)

If signing on behalf of an entity:

TINA MAKI
(Typed or Printed Name)

*** FILING FEE: \$35.40 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 5327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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