

PO9000008946

(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:

Corrected document
by telephone call
JR 7/8/09

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL -7 PM 12:17

7 Roberts JUL 08 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2009

MARIA GONZOLEZ
MIRACLE WOOD CORP
13746 NW 18 COURT
PEMBROKE PINES, FL 33028

SUBJECT: MIRACLE WOOD CORPORATION
Ref. Number: P09000008946

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

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 509A00021702

RECEIVED
2009 JUL -7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIRACLE WOOD Corporation.
Name of Corporation

DOCUMENT NUMBER: PO9 00000 8946

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:

MARIA L. GONZALEZ.
Name of Contact Person

Miracle Wood Corp.
Firm/Company

13746 NW 18 Court
Address

Pembroke Pines, FL 33027
City/State and Zip Code

mlvisao@gmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria L. Gonzalez at (954) 667-6600
Name of Contact Person 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

**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 Wood Corporation
2. The principal office address: 13746 NW 1st Court
Pembroke Pines, FL 33020
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/29/2009 Document number: PO9000008946
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)

Jorge Ochoa
16276 NW 20th Street
Pembroke Pines, FL 33020

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

13746 N.W 1st Court
Pembroke Pines, FL 33020
P.O. Box NOT acceptable

New Agent - Maria Luisa Gonzalez

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.

Maria Luisa Gonzalez
Signature of an officer or director

MARIA L. Gonzalez - S.
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.

Maria Luisa Gonzalez
Signature of Registered Agent

6/30/09
Date

If signing on behalf of an entity:

MARIA LUISA GONZALEZ
Typed or Printed Name

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