

09/28/17 12:43PM EDT Registered Agent Solutions, inc. -> Florida SOS
08176383

PO9000029396

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I20100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

17 AUG 28 11:09:10
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
MIRACLE EYEBROWS INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIRACLE EYEBROWS INC.
Name of Corporation

DOCUMENT NUMBER: P09000029396

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:

Mary Castillo
Name of Contact Person

Registered Agent Solutions, Inc.
Firm/Company

1701 Directors Blvd, Ste 300
Address

Austin, TX 78744
City/State and Zip Code

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

47 AUG 29 PM 09:10
STATE OF FLORIDA
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Mary Castillo at (888) 705-7274
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

FLH17000231658 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT FOR 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 EYEBROWS INC.
- 2. The principal office address: 8201 SOUTH TAMIAMI TRAIL, UNIT #10
SARASOTA, FL 34238
- 3. The mailing address (if different): 1596 MILLBROOK RD.
CANTON, MI 48188
- 4. Date of incorporation/qualification: 03/31/2009 Document number: P09000029396
- 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)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

Registered Agent Solutions, Inc.
155 Office Plaza Dr., Suite A
P.O. Box NOT acceptable
Tallahassee, FL 32301

FILED
STATE
DIVISION OF CORPORATIONS
17 AUG 28 AM 10:10

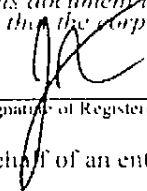
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

/s/ Rafi Qureshi
Signature of an officer or director

Rafi Qureshi Vice President
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.


Signature of Registered Agent

08/28/2017
Date

If signing on behalf of an entity:
Justine Karnell - Assistant Secretary
Typed or Printed Name

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