

P12000059021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

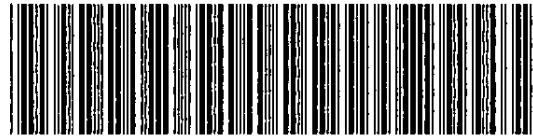
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JUL 20 AM 10:13
STATE BAR ASSOCIATION
DIVISION OF CORPORATE
COUNSEL

Amend/cus
@ 7/23/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Miracle Sculpt, Inc.

DOCUMENT NUMBER: P12000059021

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Vera

Name of Contact Person

Miracle Sculpt, Inc

Firm/ Company

8901 S. Hollybrook Blvd 62-303

Address

Hollywood FL 33025

City/ State and Zip Code

miraclesculpt@yahoo.com

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

For further information concerning this matter, please call:

Maria Vera

Name of Contact Person

at (954)

649-4275

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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

Articles of Amendment
to
Articles of Incorporation
of

Miracle Sculpt Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000059021

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

n/a

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

301 NW 179TH AVE

Bldg M

Pembroke Pines FL 33029

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8901 S. Hollybrook Blvd

62-303

Hollywood FL 33025

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Dr. Robert Dollinger

(Florida street address)

New Registered Office Address: 301 NW 179th Ave Pembroke Pines, Florida 33029

(City)

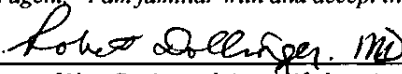
(Zip Code)

12 JUL 20 AM 10:13

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

Page 2 of 4

(Attach *additional sheets, if necessary*). (Be specific)

[illegible]

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: July 5th 2012

Effective date if applicable: same
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*
- “The number of votes cast for the amendment(s) was/were sufficient for approval
by _____.”
(voting group)
- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated July 5th 2012

Signature Robert Dollinger MD
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Dr. Robert Dollinger
(Typed or printed name of person signing)

President
(Title of person signing)