

PI60000069444

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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 OCT 31 PM 3:14

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OCT 31 2016
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIALUX, INC
Name of Corporation

P16000069444
DOCUMENT NUMBER:

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:

Bernadett Ferro
Name of Contact Person

Firm/Company

888 Biscayne Blvd #1105
Address

Miami, FL, 33132
City/State and Zip Code

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

For further information concerning this matter, please call:

Bernadett Ferro 786 800-7650
Name of Contact Person at () 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 13, 2016

BERNADETTE FERRO
888 BISCAYNE BLVD #1105
MIAMI, FL 33132

SUBJECT: MIALUX INC
Ref. Number: P16000069444

We have received your document for MIALUX 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):

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.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 616A00022075

RECEIVED
16 OCT 31 PM 3:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: MIALUX, INC
2. The principal office address: 888 BISCAYNE BOULEVARD #1105, MIAMI, FL 33132
3. The mailing address (if different): 888 BISCAYNE BLVD #1105, MIAMI, FL 33132
4. Date of incorporation/qualification: 8/22/16 Document number: P16000069444

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)

RESIGNED BERNADETTE FERRO

888 BISCAYNE BLVD #1105

MIAMI 33132 FLORIDA

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

MOATAZ EL HAKIM #1105

888 BISCAYNE BLVD, MIAMI, FL 33132

P.O. Box NOT acceptable

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]
Signature of an officer or director

RAMI EL HAKIM, VP

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]
Signature of Registered Agent

10/06/16

Date

If signing on behalf of an entity:

MOATAZ EL HAKIM

Typed or Printed Name

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

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TALLAHASSEE, FLORIDA