

P22 0000 27858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

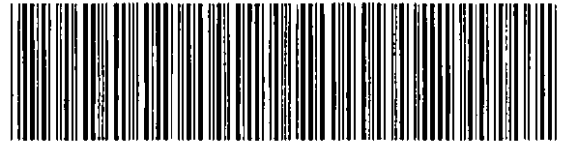
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUL 26 2023

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Thursday, July 20, 2023

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Change of Registered Office and Registered Agent
TTM File No: 23.036

Dear Sir/Madam:

Enclosed with this letter are the following items for filing:

1. The Change of Registered Office and Registered Agent for Miracle Waist Inc, a Florida Corporation; and
2. A check in the amount of \$35, for the filing fees.

If you should have any questions, please contact me directly at the number below.

Best Personal Regards,



Lauren D. Singer

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miracle Waist Inc
Name of Corporation

DOCUMENT NUMBER: P22000027858

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:

Lauren D. Singer

Name of Contact Person

Thompson | Thompson | Martin

Firm/Company

2970 Clairmont Road, Suite 280

Address

Atlanta, GA 30329

City/State and Zip Code

lsinger@ttmlawyers.com

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

For further information concerning this matter, please call:

Lauren D. Singer

Name of Contact Person

at (404) 365-5682

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 WAIST INC
2. The principal office address: 4248 SW 185th Ave, Miramar FL 33029
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/30/2022 Document number: P22000027858
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)

Shashieka Hill

19111 Collins Ave, Unit 1101

Sunny Isle, FL 33160

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

Shashieka Hill

4248 SW 185th Ave.

P.O. Box NOT acceptable

Miramar, FL 33029

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

Shashieka Hill

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

Shashieka Hill

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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