

7 98 00000 6134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

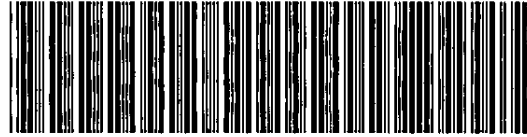
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 28 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AD MIRACLE, INC.
Name of Corporation

DOCUMENT NUMBER: P98000006134

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:

Jorge A. Fernandez, Esquire
Name of Contact Person

Jorge A. Fernandez, P.A.
Firm/Company

2600 S Douglas Road, Penthouse 8
Address

Coral Gables, Florida 33134
City/State and Zip Code

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

For further information concerning this matter, please call:

Jorge A. Fernandez at (305) 446-1331
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.

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation: AD MIRACLE, INC
2. The principal office address: 2843 W. 80 Street, Hialeah, Florida 33016
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/21/98 Document number: P98000006134
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)

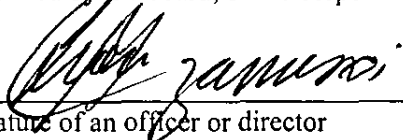
Cabanas & Associates, P.A.
10520 NW 26th Street, Suite C201
Miami, Florida 33172

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

Jorge A. Fernandez, P.A.
2600 S Douglas Road, Penthouse 8
P.O. Box NOT acceptable
Coral Gables, Florida 33134

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

Leon Czamanski
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 reject 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

8/13/14
Date

If signing on behalf of an entity:

Jorge A. Fernandez
Typed or Printed Name