

08/28/17 12:43PM EDT Registered Agent Solutions, Inc. -> Florida SOS  
08176383

PO9000029396

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000231658 3)))



H170002316583ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

RECEIVED  
2017 AUG 28 PM 3:47  
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

FL

Enter the Fax Audit Number Here

H17000231658 3

**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 STREEET  
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  
 DEPARTMENT OF  
 CORPORATIONS  
 17 AUG 28 AM 10:10

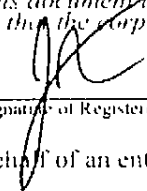
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 \*\*\*