## P09000029396

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City)	/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				





900277993469

10/21/15--01018--015 \*\*35.00



OCT 2 2 2015 C McNAIR



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: October 19, 2015

Order#: 829259/001

Re: MIRACLE EYEBROWS INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 $\underline{XX}$  Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi r to change its registered office or registe	zed under the laws	of the State of Florida		
1. The name of t	he corporation: MIRACLE EYEBROWS I	NC.			
2. The principal 8201 South	office address: Tamiami Trail, Unit #10, Sarasota, FL 34	238			
_	ddress (if different): rook Rd., Canton, MI 48188				
4. Date of incorp	poration/qualification: 03/31/2009	Document nu	mber: P09000029396		
5. The name and	I street address of the current registered ag tment of State: (If resigned, enter resigned		office on file with the		
	Agents and Corporations, Inc.				
	300 5th Ave. South, Suite 101-330		5 9 7		
	Naples	FL 3	4102		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Corporation Service Company					
	Corporation Service Company				
	1201 Hays Street				
	P.O. Box NOT acceptable				
	Tallahassee	FL 3.	2301		
The street addre	ess of its registered office and the street a be identical.	ddress of the busin	ness office of its registered agent,		
Such change wa authorized by th	s authorized by resolution duly adopted the board, or the corporation has been noti	by its board of dire fied in writing of t	ectors or by an officer so he change.		
	2	Dona Priebe, Vice	President		
Siedatu	re of an officer or director		r typed name and litle		
I further agree to performance of agent. Or, if this hereby confirm	the appointment as registered agent and to comply with the provisions of all statumy duties, and I am familiar with and act is document is being filed merely to reflew that the corporation has been notified in Service Company	agree to act in thi tes relative to the p cept the obligation ct a change in the writing of this cha	s capacity. proper and complete n of my position as registered registered office address, I mge.		
Ву: Ду	are Co-Kuble	10/15/2015			
Sign	nature of Registered Agent		Date		
If signing on bel	half of an entity:				
Grace E. Kirby,	Asst. Vice President				
Ту	ped or Printed Name				

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