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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: ____JAMES C. MILLER, INC. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cory J. Miller Name of Contact Person JAMES C. MILLER, INC. Firm/ Company 109 S. Disston Avenue Address Tarpon Springs, FL 34689 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call. at (727) 491-6415

Area Code & Daytime Telephone Number Cory J. Miller Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

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

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

Article Articles

Articles of Amendment to Articles of Incorporation of	图图	15 JUL	TA .	
		16	Y	
(Name of Corporation as currently filed with the Florida Dept. of State 0000072801)	15年	AH 10:	O	
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JAMES C. MILLER, INC. (P00000072801)				-65	ਰੂ 🕻
(Docum	nent Number of C	Corporation (if known)		37	223
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Fl</i>	orida Profit Corporatio	m adopts the fo	ollowing	amendme
A. If amending name, enter the new name of the co	orporation:				
·					e.
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered." "professional association," or the	," "Inc," or "Ce	". A professional cor	orporated" or poration name	the abb	The new previation putain the
B. Enter new principal office address, if applicable	·:				
(Principal office address MUST BE A STREET ADD					
		en demonstration			
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO.	<u>(X</u>)				
					
					
D. If amending the registered agent and/or register		s in Florida, enter the	name of the		
new registered agent and/or the new registered	office address:				
Name of New Registered Agent					
-	(Florida street	address)			
New Registered Office Address:			, Florida		
New Registered Office Address.	(C	ity)	, riorida	(Zip Co	de)
New Registered Agent's Signature, if changing Regi	istered Agent:	l d		. fat .	
I hereby accept the appointment as registered agent.	ı am jamınar wit	n ana accept the obliga	tions of the pos	HION.	
P:	. CM D	:			

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John De	<u>ne</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	P		Cory J. Miller	109 S. Disston Avenue
X Add				Tarpon Springs, FL 34689
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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f an amendment provio provisions for implemo (if not applicable, i	enting the amei	ange, reclassificat	tion, or cancellation tained in the amen	n of issued shares, dment itself:	
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f an amendment provide provisions for implement (if not applicable, in	enting the amer	ange, reclassificated and ment if not contact the contact in the contact the c	tion, or cancellation the amen	n of issued shares, dment itself:	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days af	er amendment file date)
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	atory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes cast for the amendment(s) was/were sufficie	nt for approval
by	
☐ The amendment(s) was/were adopted by the board of directors without s action was not required.	hareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without share action was not required.	holder action and shareholder
Dated	
Signature	
(By a director, president or other officer – if di selected, by an incorporator – if in the hands o appointed fiduciary by that fiduciary)	
Cory Miller	
(Typed or printed name of p	erson signing)
Director	
(Title of person	signing)