P14000046282

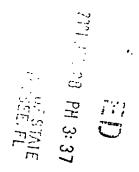
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COVER LETTER

TO: Amendment Section — Division of Corporations

NAME OF CORPOI	RATION: Veritas Legal Plan	, Inc.	
DOCUMENT NUME	BER: <u>P14000046282</u>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Kimberly Crane		
		Name of Contact Person	n
	VERITAS LEGAL PLAN, II	NC.	
		Firm/ Company	
	639 E OCEAN AVE STE 20	5	
	007 17 0 013111 (11 71 11 11 11 20	Address	
	DOMESTON DE ACIT		
	BOYNTON BEACH	City/ State and Zip Cod	<u> </u>
		eny build and impens	~
	KIM@VERITASLEGALPL	AN.COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
KIMBERLY CRANE		at (561	\ 404-9798
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made [payable to the Florida Depa	artment of State;
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indiment Section ion of Corporations Box 6327 hassee, F1. 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee l. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name o	Corporation as curre	eritas Legal Plan, Inc.	rida Dent. of State)		
(, rame y	•	14000046282			
		r of Corporation (if kno	own)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	sis <i>Florida Profit Corp</i> o	oration adopts the following	ing amendmen	ıt(s) te
a. If amending name, enter the new na	me of the corporation:				
N/A				The new	
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	orp," "Inc," or "Co".	A professional corpo			
. Enter new principal office address, i Principal office address MUST BE A ST		N/A			
7	, , , , , , , , , , , , , , , , , , , ,			~	
			• • • • • • • • • • • • • • • • • • • •	<u> </u>	
		- - · · · · · · · · · · · · · · · · · ·		-	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		CD CD	
-			W.C.	P# ::	
				- 	
		-	- 12 ·	<u>ယ</u> ထ	
. If amending the registered agent and new registered agent and/or the new			r the name of the		
Name of New Registered Agent	N/A				
		_		_	
•	(Florida	street address)			
New Registered Office Address:	N/A		Florida		
		(City)		Code)	
New Registered Office Address:	N/A	(City)	, Florida(Zip	Code)	
lew Registered Agent's Signature, if ch hereby accept the appointment as registe			bligations of the position.		
	01 011	B 1 - 1			
	Signature of New	Registered Agent, if ch	uanging		
Theck if applicable					

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change			
Add			
Remove			70.00
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Please amend ARTICLE III "PURPOSE" (The purpose for which the corporation is organized is:)	
FROM: Prepaid Legal Services	
TO: Legal Expense Benefits	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	

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The date of each amendment(s) adoption	n:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Department.	loes not meet the applicable statutory filing requirements ent of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareho	lder action and shareholder
[] The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes east for the ament for approval.	ndment(s)
	by the shareholders through voting groups. The following voting group entitled to vote separately on the amendment	=""
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
Dated <u>January 27, 2021</u>		
Signature X		
(By artirector	president or officer - if directors or officers have n	ot been
selected, by	in incorporator = if in the hands of a receiver, trustee, or of	ther court
appointed fid	uciary by that fiduciary)	
Ange	lo Anzalone	
	(Typed or printed name of person signing)	
<u>C</u> EO		
- 1	(Title of person signing)	