

P1700008214

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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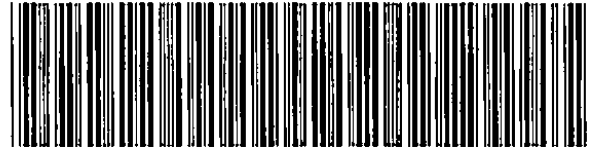
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MIRACLE SUPPORT SERVICES INC

DOCUMENT NUMBER: P17000082146

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSEANNE PIERRE

Name of Contact Person

MIRACLE SUPPORT SERVICES INC

Firm/ Company

5950 BANANA ROAD

Address

WEST PALM BEACH, FL 33413

City/ State and Zip Code

ROSEANNENORMIL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSEANNE PIERRE

Name of Contact Person

at (561)

812-8104

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

2018 DEC 28 PM 3: 08

MIRACLE SUPPORT SERVICES INC

SECRETARY OF STATE
TALLAHASSEE, FL

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000082146

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5950 BANANA ROAD
WEST PALM BEACH, FL 33413

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5950 BANANA ROAD
WEST PALM BEACH, FL 33413

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent ROSEANNE PIERRE
5950 BANANA ROAD
(Florida street address)
New Registered Office Address: WEST PALM BEACH, Florida 33413
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>NATHACHA MANASSE</u>	<u>1565 QUAIL LAKE DR F203</u>
<input type="checkbox"/> Add			<u>WEST PALM BEACH, FL 33409</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>ROSEANNE PIERRE</u>	<u>5950 BANANA ROAD</u>
<input checked="" type="checkbox"/> Add			<u>WEST PALM BEACH, FL 33413</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

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

The date of each amendment(s) adoption: _____, 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 does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*
- "The number of votes cast for the amendment(s) was/were sufficient for approval
- by _____."
- (voting group)
- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 12-17-18

Signature Nathacha M
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

NATHACHA MANASSE

(Typed or printed name of person signing)

PRESIDENT/OFFICER/DIRECTOR

(Title of person signing)

Business Bill of Sale

Agreement made this 7th day of December, 2018 (Hereinafter known as the "Agreement Date") With date of closing on the agreement as February 15, 2018 by and between NATHACHA MANASSE (hereinafter referred to as "Seller") and ROSEANNE PIERRE (hereinafter referred to as the "Buyer").

Whereas the Seller desires to sell and the Buyer desires to buy the business entity known as MIRACLE SUPPORT SERVICES INC. EIN: 82-3075635 , the parties hereto agree and covenant as follows:

Seller acknowledges the right to sell the business entity known as MIRACLE SUPPORT SERVICES INC. in the state of FLORIDA along with all its assets, shares, ownership interest, personal property, employees, leases, contracts, trademarks, copyrights, and any other tangible or intangible interest (hereinafter known as the "Business")

This sale is "as-is" with no warranties of any kind, express or implied, except that Seller warrants that what is being sold is rightfully owned by Seller and free of any valid ownership or financial claims from third parties. This sale is final. Buyer has no right to a return, exchange or refund.

The laws of the state of FLORIDA govern this agreement and any disputes arising from it must be handled exclusively in courts in that state. The prevailing party in any dispute will be entitled to recover reasonable costs and attorneys' fees.

This is the parties' entire agreement on this matter, superseding all previous negotiations or agreements.

Purchase price: the buyer and seller agree to a purchase price of \$ 2,500.⁰⁰
PAID IN FULL ON December 17, 2018

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on the day and year first above written.

Nathacha M
SELLER: NATHACHA MANASSE

Roseanne Jennifer
BUYER: ROSEANNE PIERRE

Noeline Thorncroft
Witness: Noeline Thorncroft

Witness:

NOTARY FORM

STATE OF FLORIDA

COUNTY OF PALM BEACH

I, Noseline Thorndon, a Notary Public, do hereby certify that on this
17 day of December, 2017, personally appeared before me NATHACHA MANASSE
and ROSEANNE PIERRE known to me to be the people whose name is subscribed to the
foregoing instrument, and swore and acknowledged to me that they have executed the same for
the purpose and in the capacity therein expressed, and that the statements contained therein are
true and correct.

Noseline Thorndon

Notary Public, State of Florida.

Name, Typed or Printed: Noseline Thorndon

My Commission Expires: April 3, 2021



Noseline Thorndon
Commission # GG089652
Expires: April 3, 2021
Bonded thru Aaron Notary