P18000098328

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MILLER PARALI	EGAL AND SUPPORT SE	RVICES, INC.		
DOCUMENT NUM	BER: P18000098328				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Jackie Miller, President				
		Name of Contact Person	n		
	Miller Paralegal and Support Services, Inc.				
		Firm/ Company	_		
	-	Address			
	805 SE CENTRAL PARKW	AY UNIT 6, STUART, FL	. 34994		
		City/ State and Zip Cod	e		
JACI	KIE805@GMAIL.COM				
 -	E-mail address: (to be u	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Jackie Miller		at (772	919-2265 de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:		
■ \$35 Filing Fee	☐S43.75 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)		
Ain Div P.O	iling Address endment Section ision of Corporations J. Box 6327 lahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Λſ

MILLER PARALEGAL AND SUPPORT SERVICES, INC.

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P1800009	8328
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	5 8 T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA : 2 F
(Maining duaress MAT BEST COST CITTEE BOST)	
	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address	
	<u> </u>
Name of New Registered Agent NA	
(Florida	street address)
•	
New Registered Office Address:	(City), Florida (Zip Code)
	(aut)
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Agent's	nt:
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
NA	
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, a 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 = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offiheld. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	enes enes	
X Add	<u>sv</u>	Sally Sn	nith_	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	V	_	Sara L Benefield	805 SE Central Parkway Unit 6
X Add		-		Stuart, Florida 34994
Remove				
2) Change		-		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add	· ·	_		
Remove				
6) Change				
		_		
Add				
LJ				

F., If amending or adding additional Arti- (Attach additional sheets, if necessary).	(Be specific)		
N/A			
	<u> </u>		<u></u>
			·
		······································	
	<u> </u>		
	·		
F. If an amendment provides for an exch	inge, reclassification, or cancell	ation of issued shares.	
provisions for implementing the ame	dment if not contained in the ar	nendment itself:	
(if not applicable, indicate N/A) N/A			
		- 413	
			
			·

	11/26/2018	22 1 3
The date of each amendment(s) addate this document was signed.	loption:	, if other than
and this about the was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this opartment of State's records.	date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendmen fficient for approval.	t(s)
	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nen!
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder .	
12/12/2018 Dated		
Signature	Kit Millette irector, president or other officer – if directors or officers have not bee	
(psy a d selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other co	a urt
	ted fiduciary by that fiduciary)	
	1 2 11 0001/200	
	Jackle MUNEY	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing) President	
	(Title of person signing)	