## N06000007450

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SECRETARY OF STATE OF STATE OF CORPORALIONS
ON WAY 25 AM 9: 18

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CO	RPORATION: 33 A)	> ACTION DISCIPLE	SHIP MINISTRIE
DOCUMENT N	IUMBER:		
The enclosed Ar	ticles of Amendment and fee are su	ubmitted for filing.	
Please return all	correspondence concerning this ma	atter to the following:	
	BISHOP + GERAL	D J. GIUNTA	
_		of Contact Person)	
-	(Fir	rm/ Company)	<del> </del>
901 Belleate RD #9			
-		(Address)	
_	CLEARWATER,	FL 33756	6
_	Figeraldga E-mail address: (to be us mation concerning this matter, plea	yahoo, COM sed for future annual report notific	
GEFAL)	ame of Contact Person)	at (	3 – 6 ZO6 ime Telephone Number)
Enclosed is a che	eck for the following amount made	payable to the Florida Departme	nt of State:
\$35 Filing Fe	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 Fallahassee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle

## Articles of Amendment RETARY OF STATE to DIVISION OF CORPORATIONS

Articles of Incorporation
of 09 HAY 25 AM 9: 18

## 33 AD ACTION DISCIPLESHIP MINISTELES, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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

\_\_\_\_\_\_\_

D. <u>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:</u>

Name of New Registered Agent: TGETAUDJ. GIUN

901 BELLEAIK FD # 9

New Registered Office Address: (Florida street address)

Clearworth Florida 33756 (City) (Zip Code)

SERALD J. GIUNTA

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

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

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

Page 1 of 3

. 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)

Title	Name .	Address	Type of Action	
V <u>P</u>	RODNEY RICKARD	Z172 PERRY R LEICESTER, N	Add LV Remove	
D	SHITELEY K. CHANEY-GIVN	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	
	MICHAEL K. MCKAY	ADDEESS UNKNOW	_	
E. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific)  ALTICLE III				
	D ASSIST OF R	EGULPTE THE	=	
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	ATHOLIC MOTOR CYCLE			
	'			

The date of each amendment(s) adoption: MRI 7/2009				
Effective date if applicable:	(no more than 90 days after amendment file date)			
	(no more man 90 days after amenament file date)			
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.			
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.			
Dated M	AM 7/2009 + AR			
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)			
	(Typed or printed name of person signing)			
	CHAHEMAN (Title of person signing)			
	(Title of person signing)			