

NI40000000271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600279073486

11/16/15--01036--008 **43.75

FILED
2015 NOV 16 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend / name
chg

NOV 18 2015

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MISSION GOLGOTHA, INC

DOCUMENT NUMBER: N1400000271

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

Please return all correspondence concerning this matter to the following:

DR. JACKSON VOLTAIRE

(Name of Contact Person)

(Firm/ Company)

180 BONAVENTURE BLVD, APT 103

(Address)

WESTON, FL 33326

(City/ State and Zip Code)

DRVOLTAIRE@YAHOO.COM

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

For further information concerning this matter, please call:

DR. JACKSON VOLTAIRE

754

422-3062

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Weston, Florida

November 14, 2015

Florida Department of Corporations

To Whom It May Concern

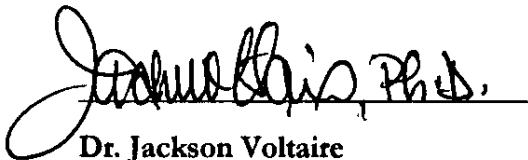
Re: Name Change of Mission Golgotha, Inc. - Document Number: N14000000271 into **NeoDoxa, Inc.**

My name is Jackson Voltaire, President and Registered Agent of Mission Golgotha. I further certify that NeoDoxa, Inc. a not for profit corporation with document number: N15000008156 for which I also served as President and Registered Agent was rightfully dissolved on 11/12/2015. At this time, I am submitting a name change of Mission Golgotha to NeoDoxa, Inc. As we no longer have the need to run two different organizations, and since Mission Golgotha existed before and was already granted 501 (c)3 status with the IRS, we seek to rename Mission Golgotha into NeoDoxa, Inc which reflects more the reality of our purpose. The name change is important as it will allow NeoDoxa, Inc. to legally become Mission Golgotha, Inc. and proof of that name change can be submitted to the IRS. With this letter you will find attachments of the following documents:

- Proof of dissolution document of NeoDoxa, Inc. as of 11/12/15.
- Articles of amendment and name Change form from Mission Golgotha to NeoDoxa, Inc.
- Application fee and certificate status for name change of Mission Golgotha into NeoDoxa, Inc.

For any and all additional information, I can be reached at (754) 422-3062 or at drvoltaire@yahoo.com.

Respectfully,



Dr. Jackson Voltaire

Articles of Amendment
to
Articles of Incorporation
of

MISSION GOLGOTHA, INC.

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

N14000000271

(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:

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

NEODOXA, INC.

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**)*

DR. JACKSON VOLTAIRE

180 BONAVENTURE BLVD - APT 103

WESTON, FL 33326

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

NEODOXA, INC.

P.O. BOX 267264

WESTON, FL 33326

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:

N/A

180 BONAVENTURE BLVD - APT 103

(Florida street address)

New Registered Office Address:

WESTON

(City)

Florida 33326

(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.

N/A

Signature of New Registered Agent, if changing

FILED
2015 NOV 16 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>VP</u>	<u>JEAN HEUDE FERON</u>	<u>1570 SW 101 TER, APT 204</u>
<input checked="" type="checkbox"/> Add			<u>PEMBROKE PINES, FL 33025</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>ROCHENEL SELMOND</u>	<u>ROUTE VIEILLE TERRE</u>
<input type="checkbox"/> Add			<u>JEAN-RABEL, HAITI</u>
<input checked="" 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)

ARTICLE III - PURPOSE. TO PARTNER WITH LEADERS GLOBALLY TO IMPACT THE WORLD FOR CHRIST.
THE CORPORATION USES TRAINING AND CONFERENCES AS A FORUM AIMING AT TRANSFORMING
DEFICIENT CHURCHES, ORGANIZATIONS AND COMMUNITIES INTO A RENEWED SPIRIT WHERE
POTENTIALS AND OPPORTUNITIES ARE IDENTIFIES AND EXPLOITED.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

NOVEMBER 14, 2015

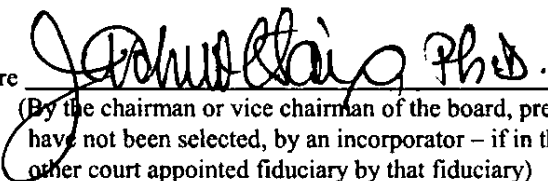
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated NOVEMBER 14, 2015 _____

Signature  _____
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DR. JACKSON VOLTAIRE

(Typed or printed name of person signing)

PRESIDENT & EXECUTIVE DIRECTOR

(Title of person signing)