

N19000012000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

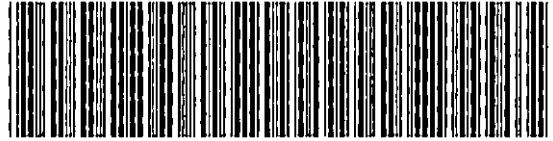
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 APR 13 AM 9:29

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APR 14 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JUST LIKE GOD MISSIONS. CORP.

DOCUMENT NUMBER: N19000012000

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

Please return all correspondence concerning this matter to the following:

JOHN R. GARRISON

Name of Contact Person

Firm/ Company

2566 KINCAID PL.

Address

THE VILLAGES, FL 32163

City/ State and Zip Code

JLGMISSIONS@GMAIL.COM

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

For further information concerning this matter, please call:

JOHN R. GARRISON at (937) 403-1900
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 checked="" type="checkbox"/> \$35 Filing Fee | <input 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Just Like God Missions, Corp.

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

N19000012000

(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:

_____ *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)

2566 Kincaid Pl.
The Villages, FL 32163

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

2566 Kincaid Pl.
The Villages, FL 32163

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Change of Address Only
2566 Kincaid Pl.

(Florida street address)

New Registered Office Address:

The Villages, Florida 32163
(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

Lined area for text entry.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2021 APR 13 AM 9:20

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

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

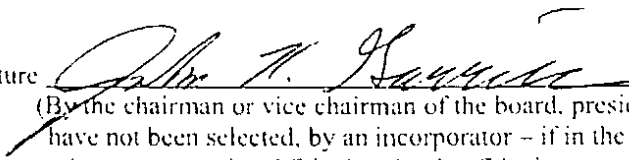
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the 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 Mar. 3, 2020

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)

John R. Garrison
(Typed or printed name of person signing)

President
(Title of person signing)

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TALLAHASSEE, FLORIDA