741080

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COVER LETTER

TO: Amendment Section Division of Corporations

THE SAINTS', INC NAME OF CORPORATION:		
741080		·
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
CURTIS FRAZIER		
(Name of Contact Person	
	(Firm/ Company)	
	(Firm Company)	
3601 LANDINGS WAY DRIVE APT, 307		
	(Address)	
TAMPA, FL 33624		
(City/ State and Zip Code)
2 chi soms athor	me@gmail.c	om
E-mail address: (to be used t	for future annual report n	otification)
For further information concerning this matter, please e	all:	
CURTIS FRAZIER	417 at	664-1157
(Name of Contact Person)		a Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Depar	tment of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ Certificate of Status	S43.75 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

THE SAINTS', INC.						
(Name of Corporation	as curren	tly filed with the Florida Dept. of St	ate)			
741080						
(Docum	nent Numb	per of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	es, this Florida Not For Profit Corpor	ation adopts the fol	llowing		
A. If amending name, enter the new name of the	corporat	<u>ion;</u>				
SHARING SAINTS/INC.			T	he new		
name must he distinguishable and contain the word "Company" or "Co." may not he used in the name	l "corpora e.	tion" or "incorporated" or the abbrev	viation "Corp." or	"Inc."		
B. Enter new principal office address, if applica	ble:	SHARING SAINTS, INC.	TAI S	:		
(Principal office address MUST BE A STREET AD		6301 LANDINGS WAY DR. #307	C 0 22 22 22 22 22 22 22 22 22 22 22 22 2	AUG		
		TAMPA, FL 33624	75.5 75.5 75.5 75.5 75.5 75.5 75.5 75.5	=		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		SHARING SAINTS, IN	JC. 3	5 12 13		
		P.O. Box 1751	조취 <u> </u>			
		LEBANON, MO	<u> 65536</u>			
D. If amending the registered agent and/or registered agent and/or the new register			e of the			
Name of New Registered Agent:	CHIPTIS ED AZIED					
	3601 LANDINGS WAY DR. #307					
V. During J. Office Address		(Florida street addres	s)			
New Registered Office Address:	ТАМРА		, Florida 33624			
		(City)	(Zip Code)			
New Registered Agent's Signature, if changing E I hereby accept the appointment as registered agen			of the position.			
_	.5	ignature of New Registered Agent, if c	hanging			

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:		<u>Mike Jones</u>					
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s				
1) X · Change	P	CURTIS FRAZIER	CURTIS FRAZIER				
Add			3601 LANDINGS WAY DR., #307				
Remove			TAMPA, FL 33624				
2) Change	<u> </u>	BETTY ABIGAIL CHISOM	BETTY CHISOM				
X Add			1492 McMAHAN RD.				
Remove			NIANGUA, MO 65713				
3) Change	S	BETTY JO FRAZIER	BETTY JO FRAZIER				
X Add			3601 LANDINGS WAY DR.,#307				
Remove			TAMPA, FL. 33624				
4) Change	D	ERROLL CHISOM	ERROLL CHISOM				
X Add			1466 McMAHAN RD.				
Remove			NIANGUA, MO 65713				
5) Change	D	T.EAH CHISOM	LEAH CHISOM				
X Add			1466 McMAHAN RÐ.				
Remove			NIANGUA, MO 65713				
6) Change	P	RAYMOND O. FRAZIER	DECEASED				
Add							
X Remove							

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.

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Example: X.Change X. Remove X. Add	PT John D V Mike John S SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>D</u>	JOSEPH MOSLEY	UNKNOWN
Add X Remove			
2) Change	D	EDDIE HOLLMAN	DECEASED
Add X Remove			
3) Change	D	CHRISTOPHER WELLAND	UNKNOWN
Add X Remove			
4) Change	D	FREDRICK POWELL	DECEASED
Add X Remove			
5) Change	VP	ALLEN CHISOM	ALLEN CHISOM
X Add			1492 McMAHAN Rd.
Remove			NIANGUA, MO 65713
6) Change			
Add			
Remove			

attach additio	r adding addinal sheets, if no	ecessary). (Be specific)	igets) nere.				
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	e date of each amendment(s) adoption: $\frac{7/30/2017}{}$ e this document was signed.	i	f other	than th
Effe	ective date if applicable:	<u> </u>		-
	(no more than 90 days after amendment file date)			
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	ot be li	sted as	the
Ado	option 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 7/30/2017			
	Signature C. Frazin			
	(By the chairman of 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)	SECAL.	17 AUG	
	CURTIS FRAZIER (Typed or printed name of person signing)		H PH	F
	(Typed of printed name of person signing)		¥ 2:	<u> </u>
	President	7 h. 7 h.	5	
	(Title of person signing)			