

N000000001223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

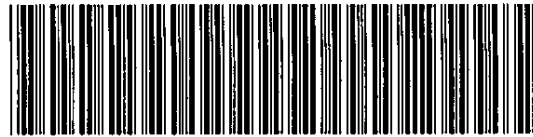
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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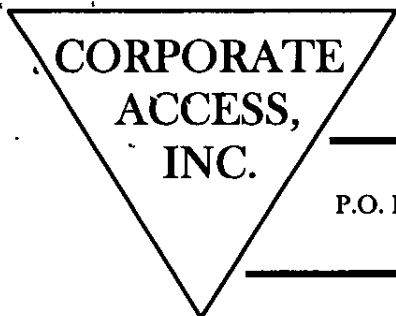
08/10/09--01015--023 \*\*43.75

FILED  
RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG 10 AM 11:47 2009 AUG 10 AM 10:44  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

*Amend*  
C.COULLETTE

*Aug 10 2009*

EXAMINER



*When you need ACCESS to the world*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

## WALK IN

PICK UP: 8/10 Emily

- ☐ CERTIFIED COPY \_\_\_\_\_
- ☒ PHOTOCOPY \_\_\_\_\_
- ☒ CUS GS \_\_\_\_\_
- ☒ FILING Amend \_\_\_\_\_

N00-1223

1. National Talent For Christ Ministries, Inc.  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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Articles of Amendment  
to  
Articles of Incorporation  
of

NATIONAL TALENT FOR CHRIST MINISTRIES, INC

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

N00000001223

(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)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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DIVISION OF CORPORATIONS  
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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:

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(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*

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

[illegible]

**D. Amendment of Officers and/or Directors continued:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DCH	Val Lewis	4954 NW 52 <sup>nd</sup> Ave Coconut Creek, FL 33073	Remove
PCD	Val Lewis	4954 NW 52 <sup>nd</sup> Ave Coconut Creek, FL 33073	Add
TSD	Sherna Afflick	9320 NW 42 <sup>nd</sup> Ct Sunrise, FL 33351	Add

The date of each amendment(s) adoption: 08/01/2009

(date of adoption is required)

Effective date if applicable: 08/01/2009

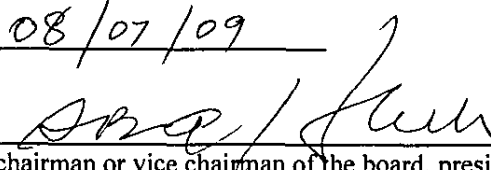
(no more than 90 days after amendment file date)

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 08/07/09

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)

Sherna Afflick

(Typed or printed name of person signing)

Treasurer/Secretary/Director

(Title of person signing)