

N00000003237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

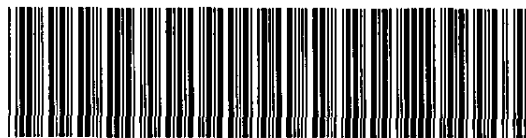
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Name Change
Amend

02/05/09--01008--018 **43.75

RECEIVED
09 FEB -5 AM 11:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2009 FEB -5 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AR
2/5/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Willie A. Battles Ministries

DOCUMENT NUMBER: N00000003237

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

Please return all correspondence concerning this matter to the following:

Willie A Battles

(Name of Contact Person)

Willie A Battles Ministries, Inc.

(Firm/ Company)

2351 Ne 200th Ave.

(Address)

Williston, Fl. 32696

(City/ State and Zip Code)

For further information concerning this matter, please call:

Willie A Battles

(Name of Contact Person)

at (352) 528-4533

(Area Code & Daytime Telephone Number)

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

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
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
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

2009 FEB -5 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(of State)

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

(Document Number of Corporation (if known))

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.

(Principal office address MUST BE A STREET ADDRESS)

Williston, FI 32696

(Mailing address MAY BE A POST OFFICE BOX)

Williston, FI 32696

Name of New Registered Agent:

(Florida street address)

_____, Florida _____
(City) (Zip Code)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 3

(Attach additional sheets, if necessary)

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

[illegible]

The date of each amendment(s) adoption: 02-01-2009

Effective date if applicable: 02-01-2009
(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 02-010-2009

Signature Willie A Battles

(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)

Willie A Battles

(Typed or printed name of person signing)

President

(Title of person signing)