N01000005733

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Shepherd's Rest Christian Missions						
DOCUMENT NUM	BER: N0100005733					
The enclosed Articles	of Amendment and fee are subn	nitted for filing.				
Please return all correspondence concerning this matter to the following:						
		I A Brown				
	(Name of C	Contact Person)				
	Journey Christian Misisons					
	(Firm/ Company)					
	358 Raleigh Rd					
	(A	ddress)				
	Jacksonv	ille, FL 32225				
	(City/ State	and Zip Code)				
david@journeycm.org						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
David A Brown		at (904)_945-0978				
(Name	of Contact Person)	(Area Code & Daytime	e Telephone Number)			
Enclosed is a check for	or the following amount made pa	yable to the Florida Department of	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		Street Address Amendment Section				
Division of Corporations P.O. Box 6327		Division of Corporations				
	assee, FL 32314	Clifton Building 2661 Executive Center (Tallahassee, FL 32301	Circle			



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2011

DAVID BROWN 358 RALEIGH RD JACKSONVILLE, FL 32225

SUBJECT: SHEPHERD'S REST CHRISTIAN MISSIONS, INC.

Ref. Number: N0100005733

We have received your document for SHEPHERD'S REST CHRISTIAN MISSIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 511A00005493

Articles of Amendment to Articles of Incorporation of

SHEPHERD'S REST CHRISTIAN MISSIONS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N01000005733

N01000005	5733
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 617.1006, Florida St the following amendment(s) to its Articles of Incorporation	
A. If amending name, enter the new name of the corp	oration:
JOURNEY CHRISTIAN	I MISSIONS, INC.
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co," m	word "corporation" or "incorporated" or the nav not be used in the name.
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESSS)
	16
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9.
(A TOP 15
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	. Florida
	(City), Florida(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. position.	
	CN Private Advantage

Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
***************************************			☐ Add ☐ Remove
		<u> </u>	Add Remove
E. If amer (attach d	nding or adding additional Artic additional sheets, if necessary).	es, enter change(s) here: (Be specific)	
		the state of the s	
		····	

The date of each amendment(s) a	doption: 03/01/20)11	
Effective date <u>if applicable</u> :	(date	e of adoption is required)	<u> </u>
<u> </u>	(no more than s	00 days after amendment file date)	
Adoption of Amendment(s)	(CHECK O	ONE)	
The amendment(s) was/were adwas/were sufficient for approval		rs and the number of votes cast for th	ne amendment(s)
✓ There are no members or mem adopted by the board of directo		on the amendment(s). The amendme	nt(s) was/were
Dated_03/01/20	011		
Signature	D_Q A	B	
(By the have no	t been selected, by a	nirman of the board, president or othe in incorporator – if in the hands of a ary by that fiduciary)	
	Typed or printed name of person signing)		
_		DIRECTOR	
	(Title	of person signing)	_

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