Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

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From:

: LEGALZOOM.COM INC. Account Name

Account Number: I20010000062. : (323)962-8600 Phone

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN BILL STANLEY MINISTRIES, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | PRATION: BILL STANLE | Y MINISTRIES, INC. | |
|--|--|---|---|
| DOCUMENT NUM | iber: <u>N01000008986</u> | | |
| The enclosed Article | s of Amendment and fee are su | bmitted for filing. | |
| Please return all corr | espondence concerning this ma | tter to the following: | |
| | | tbara Dang f Contact Person) | |
| | (Nume o | Contact Folsony | |
| | | oom.com, Inc. | |
| | (Fun | n/ Company) | |
| | 100 W. Bro | padway Suite 100 | |
| | | Address) | · |
| | | | |
| | | ale, CA 91210 ate and Zip Code) | |
| | (Onyr Su | ac and hip code) | |
| | E-mail address: (to be use | ed for future annual report notific | cation) |
| For further informati | on concerning this matter, pleas | se call: | |
| 1 | Sarbara Dang | at (<u>323</u>) <u>962-860</u> | 10 x7950 |
| | of Contact Person) | | me Telephone Number) |
| Enclosed is a check | for the following amount made | payable to the Florida Departmen | nt 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) |
| Malling Address Amendment Section | | Street Address Amendment Section | |
| Division of Corporations P.O. Box 6327 | | Division of Corporati Clifton Building | ons |
| Tallahassee, FL 32314 | | 2661 Executive Center Tallahassee, FL 3230 | |

Articles of Amendment to Articles of Incorporation of

| BILL STANLEY MI | | |
|---|--------------------------------|------------------------------|
| (Name of Corporation as currently fi | led with the Florida Dept. of | (State) |
| N010000 | | |
| (Document Number of | Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida the following amendment(s) to its Articles of Incorpor | | or Profit Corporation adopts |
| A. If amending name, enter the new name of the co | rporation: | |
| Nomad Commun | | ···· |
| The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co." | | |
| B. Enter new principal office address, if applicable | | |
| (Principal office address <u>MUST BE A STREET ADL</u> | <u> </u> | |
| | | VISI VISI |
| | | |
| C. Enter new mailing address, if applicable: | ישר | - - |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | PI |
| | | - CRS |
| | | 5 |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered | | enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Florida street address) | |
| | (7). \ | Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent position. | | ccept the obligations of the |
| Signatur | re 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> | Name | Address | Type of Action |
|----------------|--|--|-------------------|
| <u>v</u> | Dena Stanley | 613 CASA GRANDE DR. MELBOURNE FL 32940 | ☐ Add ☑ Remove |
| S | Keith Profit | 6182 JOSEPH CT. MELBOURNE FL 32940 | _ |
| <u>C</u> | Scott Lattimer | 710 POINSETTIA AVE SATELITTE BEACH EL 32937 | ☐ Add ☑ Remove |
| E. If amending | g or adding additional Articles, enter c tional sheets, if necessary). (Be specific | hange(s) here: | |
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| The date of each amendment(s) adoption: 5/13/2011 | | | | |
|--|--|--|--|--|
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | | | |
| Adoption of Amendment(s) | (CHECK ONE) | | | |
| The amendment(s) was/we was/were sufficient for appr | re adopted by the members and the number of votes cast for the amendment(s) roval. | | | |
| There are no members or radopted by the board of dir | nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors. | | | |
| Dated | 5/13/11 Willie I States | | | |
| (By | the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) | | | |
| | William L. Stanley (Typed or printed name of person signing) | | | |
| | President (Title of person signing) | | | |

Page 3 of 3