N82000004715

(Re	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	
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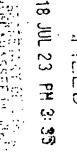


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COVER LETTER

TO: Amendment Section Division of Corporations -

NAME OF CORPORATION:	nant Ministries, Inc.			
N02000004715 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su	abmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
Asonia A. Smith				
	(Name of Contact Pers	on)		
Davidic Covenant Ministries, Inc.				
	(Firm/ Company)			
521 S 21 Ave				
	(Address)			
Hollywood Florida 33020				
	(City/ State and Zip Co	de)		
pastorasmith45@gmail.com			_	
E-mail address: (to be use	ed for future annual repor	t notification	n)	
For further information concerning this matter, pleas	se call:			
Asonia A. Smith	9 at	54	394-4544	
(Name of Contact Perso		rea C odc)	(Daytime Telephone N	umber)
Enclosed is a check for the following amount made p	payable to the Florida Dep	partment of S	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	·Certifi ·Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address	Stree	Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

Davidic Covenant Ministries Inc.					
(Name of Corporation as currently filed with the Florida Dept. of State)					
N02000004715					
(Document Numb	per of Corporation (if I	known)			
tursuant to the provisions of section 617.1006, Florida Statute mendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following	owing		
. If amending name, enter the new name of the corporat	ion:				
Covenant Ministries Intil, Inc.		< Th	e new		
ame must be distinguishable and contain the word "corpora Company" or "Co." may not be used in the name.	tion" or "incorporate	d" or the abbreviation "Corp." or ".	e new Inc. "		
Enter new principal office address, if applicable:			δ γ		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		=		
			<u> </u>		
		$\frac{\partial}{\partial x}$:		
Enter new mailing address, if applicable:		7) ig	⊒ ĕ		
(Mailing address MAY BE A POST OFFICE BOX)			<u>ښ</u>		
			3		
					
. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a	e address in Florida, ddress:	enter the name of the			
Name of New Registered Agent:					
rame of New Negantered Agent.	· · · · · · · · · · · · · · · · · · ·				
	(L')	orida street address)			
New Registered Office Address:	(1.1	orna sireer allaress)			
	ZCt. A	, Florida			
	(City)	(Zip Code)			
w Registered Agent's Signature, if changing Registered	Agent:				
ereby accept the appointment as registered agent. I am fan	niliar with and accept	the obligations of the position.			
Sis	enature of New Regist	ered 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)

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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Remove			
Add	-		
3) Change			
Remove			
4) Change Add			
Remove 5) Change			•
Add Remove			
6) Change Add			
Remove			

If amending or adding additional Ai (attach additional sheets, if necessary).	. (Be specific)				
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		7/13/2018	
	e date of each amendment(this document was signed.	s) adoption:	, if other than the
	ective date <u>if applicable</u> :	7/13/2018	
5111	ective date <u>il applicable.</u>	(no more than 90 days after amendment file date)	
		s block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	be listed as the
۸do	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes east for the amendment(s) proval.	
	There are no members or nadopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
	July Dated	13, 2018	
	Signature	Dat	
	have no	chairman or vice chairman of the board, president or other officer-if directors at been selected, by an incorporator – if in the hands of a receiver, trustee, or burt appointed fiduciary by that fiduciary)	
	Aso	nia A. Smith	
		(Typed or printed name of person signing)	
	Pres	sident	
		(Title of person signing)	