## N02000006790

(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:
Already filed

Office Use Only



100374777901

10/14/21--01015--008 \*\*85.00

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

ADVENTIST  NAME OF CORPORATION:	MISSION OUTREACH S	ERVICES, IN	 
N02000006790			
DOCUMENT NUMBER:	**		
The enclosed Articles of Amendment and fee a	e submitted for filing.		
Please return all correspondence concerning thi	s matter to the following:		
HOWARD A SPEIGEL			
	(Name of Contact Po	erson)	
HOWARD A SPEIGEL P.A.			
	(Firm/ Company	y)	
1801 LEE RD., SUITE 110			
	(Address)		
WINTER PARK, FL 32789			
	(City/ State and Zip	Code)	
hspeigel@yahoo.com			
E-mail address: (to b	e used for future annual rep	oort notificatio	n)
For further information concerning this matter,	please call:		
Howard A Speigel	at	407	647 5700
(Name of Contact I			(Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of \$1		Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		reet Address nendment Sect	ion

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ADVENTIST MISSION OUTREACH SERVICES, INC.

N02000006790				
(Document Nun	ber of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation	adopts the following		
A. If amending name, enter the new name of the corporation ADVENT MISSION OUTREACH SERVICES, INC.	ation:	The new		
name must he distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation			
B. Enter new principal office address, if applicable:	5514 EDGEWATER DR.			
(Principal office address MUST BE A STREET ADDRESS	ORLANDO, FL 32810			
		<del></del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5514 EDGEWATER DR.			
	ORLANDO, FL 32810	<del></del>		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		<u>he</u>		
Name of New Registered Agent:				
New Registered Office Address:	(Florida street address)			
	Florid	da		
	(City) (Zip	o Code)		
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am for	d Agent: amiliar with and accept the obligations of the	position.		
	Signature of New Registered Agent, if changing			

and address of each Of (Attach additional sheets Please note the officer/d P = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted	ficer and/o s, if necessa irector title President; ' = Chief Fin er, Director I in the follo	r Director being added: ry) by the first letter of the office f = Treasurer; S = Secretary, ancial Officer. would be PTD. rwing manner. Currently Jo	e title: : D= Director: TR= Tru /director holds more tha ohn Doe is listed as the I	Idirector being removed and title, name, astee; C = Chairman or Clerk; CEO = Chief on one title, list the first letter of each office PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
Mike Jones, V as Remov				
Example: X Change X Remove X Add	V	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change Add	<del></del>			·
Remove				
2) Change Add				
Remove   3   Change   Add   Remove		<del></del>		
4) Change				

\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

•	<del> </del>	<del></del>			
	•	•			
	· · · · · · · · · · · · · · · · · · ·				
		- · ·			<del></del>
					•
	<del></del>	-	<u></u>		
			_		
	<del></del>		<del></del>	<del></del>	
-				<u> </u>	
					•
			<del> </del>	·	
The date of each amendment(s) adoption:date this document was signed.					, if other than the
Effective date if applicable:					
Effective date <u>if applicable</u> : (no more t	than 90 days ath	er amendment fi	le date)		
two ways.	and the same of the				
Note: If the date inserted in this block does not meet	t the applicable	statutory filing r	equirements.	this date will not	be listed as the
document's effective date on the Department of State	e's records.				

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

Ü	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 10-11-2
	Signature
	(By the chairman or yise 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)
	TONY PUN
	(Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)