

N03000000 908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

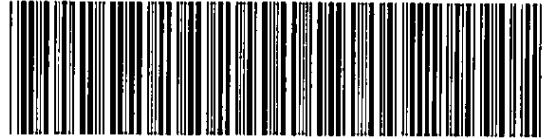
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/29/19--01011--009 **35.00

S TALLENT

SEP 19 2019

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2019

BRYAN MOORE
4480 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953

SUBJECT: MORNING STAR MINISTRY OF COCOA BEACH, INC.
Ref. Number: N03000000908

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 219A00018774

Vincent P. Marino MD

401 Holman Rd.
Cape Canaveral, FL 32920
Fax 321-613-5051

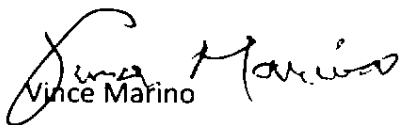
9/12/19

Attn: Susan Tallent

Good day Ms Tallent,

Per your staff, I sent the wrong form to amend the officers of the non-profit "Morning Star Ministries of Cocoa Beach, Inc" several weeks ago to Tallahassee. I called your office today, and your staff who were helpful, directed me to the right form, and hopefully is filled out correctly. My health is failing me, and I need to transfer the directorship of this organization to Pastor Bryan Moore at East Coast Christian Center in Merritt Island. Enclosed is a copy my check, #2254, cashed by your office on 8/29/19 for the amount of \$35 dollars. I was told by your staff, (Claritha if my spelling is right), that the money will be applied to this application. She stated that a new check is not needed at this time. If this is not the case, please notify me ASAP by my email at vpm84.15@gmail.com, so I can send a new check to you.

Sincerely,


Vincent Marino

Rec: 9/19/2019

Vincent P. Marino MD

401 Holman Rd.
Cape Canaveral, FL 32920
Fax 321-613-5051

08/23/2019

To Whom It May Concern,

Please review your records for the corporation titled Morning Star Ministry of Cocoa Beach, Inc., document number N03000000908. I am trying to transfer the ministry to a youth pastor at East Coast Christian Center in Merritt Island, Florida due to my failing health. I know I paid a \$35 transfer fee on 1/21/2019 to put the ministry back into my name, after the President at that time reneged on his corporate obligations. However, in February of 2019, I believe I tried transferring the ministry to Pastor Bryan Moore, paying a second \$35 dollars transfer fee. None the less, enclosed is another check for \$35 to hopefully make the transfer of the ministries presidential officer to Bryan Moore at East Coast Christian Center on Merritt Island, Florida complete. If you discover that I wrote a check in February but was not applied to this account, please tear up the check dated 08/23/2019, and make the changes to the ministry as enclosed. Otherwise use todays check to make the changes needed. If there is any information missing on the CR2E045 form, or if you need further information, or additional forms, please contact me at vpm84.15@gmail.com so I can rectify any problems.

Sincerely,


Vincent P Marino MD

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Morning Star Ministries of Cocoa Beach, Inc.

DOCUMENT NUMBER: N03000000908

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

Please return all correspondence concerning this matter to the following:

Bryan Moore
(Name of Contact Person)

Morning Star Ministries of Cocoa Beach, Inc.
(Firm/ Company)

4480 N. Tropical Trail
(Address)

Merritt Island, Fl 32953
(City/ State and Zip Code)

Bmoore@ECCC.us
E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

Bryan Moore at 321 795-9888
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

Morning Star Ministries of Cocoa Beach, Inc.

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

N0300000908

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

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.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

4480 N. Tropical Trail

Merritt Island

Fl, 32953

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4480 N. Tropical Trail

Merritt Island

Fl, 32953

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Bryan Moore

4480 N. Tropical Trail

(Florida street address)

New Registered Office Address:

Merritt Island


(City)

Florida 32953

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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


Signature of New Registered Agent, if changing

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Vincent P Marino</u>	<u>401 Holman Rd</u> <u>Cape Canaveral</u> <u>Fl 32920</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Byran Moore</u>	<u>4480 N. Tropical Trail</u> <u>Merritt Island</u> <u>Fl 32953</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

The date of each amendment(s) adoption: 09/12/2019 for officer change., if other than the date this document was signed.

Effective date if applicable: 09/12/2019
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 09/12/2019

Signature Vincent P. Marino
(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)

Vincent P. Marino President
(Typed or printed name of person signing)

(Title of person signing)