

NO 3000003384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

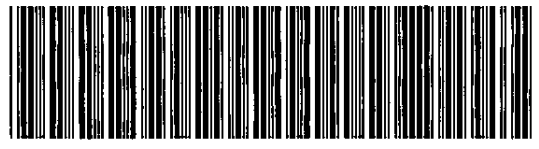
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 08 2016
R. WHITE

FILED
16 JAN -8 AM 10:27
SECRETARY OF STATE
TALLAHASSEE-FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2015

KELLY MOORMAN COGGINS
7235 BONNEVAL ROAD STE 232
JACKSONVILLE, FL 32256

SUBJECT: HART FELT MINISTRIES, INC.
Ref. Number: N03000003354

We have received your document for HART FELT MINISTRIES, 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 form you submitted is for a Florida for profit corporation, but your entity is a Florida not for profit corporation. Please complete and return the enclosed blank form(s).

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.

Rebekah White
Regulatory Specialist II

Letter Number: 115A00026889

Please see attached

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16 JAN 16 PM 1:24

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

Hart Felt Ministries, Inc.

DOCUMENT NUMBER:

NO3000003354

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

Please return all correspondence concerning this matter to the following:

Kelly Moorman Coggins

(Name of Contact Person)

Hart Felt Ministries

(Firm/ Company)

7235 Bonneval Rd. Ste. 232

(Address)

Jacksonville, FL 32256

(City/ State and Zip Code)

Kelly.hartfelt@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Moorman Coggins

(Name of Contact Person)

at 904-861-2799

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

*enclosing copy
of cashed check*

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

Hart Felt Ministries, Inc.

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

N03000003354

(Document Number of Corporation (if known))

FILED

16 JAN -8 AM 10:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)

7235 Bonneval Rd. #232
Jacksonville, FL 32256

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as above

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:

Kelly Moorman Coggins

7235 Bonneval Rd. #232

(Florida street address)

New Registered Office Address:

Jacksonville

(City)

, Florida

(Zip Code)

32256

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

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>

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

☐ Add

☒ Remove

P

Jane Hart

10622 Roundwood Glen Ct.
Jacksonville, FL 32256

2) ☐ Change

☒ Add

☐ Remove

P

Kelly Mosman Ciggins

41 Little Bay Harbor
Ponte Vedra, FL 32082

3) ☐ Change

☐ Add

☐ Remove

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)

N/A

The date of each amendment(s) adoption: 12/13/15, if other than the date this document was signed.

Effective date if applicable: 1/1/16
(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

Signature

(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)

Kelly Moorman Coggins
(Typed or printed name of person signing)

President
(Title of person signing)