# NO400007092

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nan	ne)
(Dx	ocument Number)	
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2011 JAN 25 PH 12: 47

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: QUECHUA D	AWN M	INIST	RIES, IN	NC
DOCUMENT NUM	BER: N0400007092				
The enclosed Articles	of Amendment and fee are sul	bmitted for	filing.		
Please return all corre	espondence concerning this mat	tter to the fo	llowing	g:	
		MCCON		<u></u>	
	(Name of	f Contact Po	erson)		
	QUECHUA [	DAWN MI	NISTR	RIES	
	(Firm	n/ Company	7)		
	1425	CURA S	Т.		
	(	Address)			<del></del>
	OVIED	OO, FL 32	765		
	(City/ Sta	ate and Zip	Code)		
	qdm.presiden	t@quech	uadawi	n.org	
-	E-mail address: (to be use	d for future	annual	report noti	fication)
For further information	on concerning this matter, pleas	e call:			
CARLOS L VAZQ	UEZ	at (	407	) 927-8	901
(Name	of Contact Person)		(Area (	Code & Day	ytime Telephone Number)
Enclosed is a check for	or the following amount made p	payable to t	he Floric	da Departm	ent of State:
<b>✓</b> \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certifi	ed Copy ional co		□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corpora Building executive Ce	n ations

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 6, 2011

BRYAN MCCONNELL QUECHUA DAWN MINISTRIES 142 CURA STREET OVIEDO, FL 32765

SUBJECT: QUECHUA DAWN MINISTRIES, INC.

Ref. Number: N04000007092

We have received your document for QUECHUA DAWN MINISTRIES, INC. 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 must have original signatures.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 711A00000527

RECEIVED
11 JAN 25 AM 10: 09

www.sunbiz.org

#### Articles of Amendment to Articles of Incorporation of



#### QUECHUA DAWN MINISTRIES, INC.

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

#### N04000007092

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	this <i>Florida Not For Pro</i>	fit Corporation adopts	
A. If amending name, enter the new name of the corporation	<u>n:</u>		
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not		porated" or the	
B. Enter new principal office address, if applicable:	1425 CURA ST.		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	OVIEDO, FL 32765		
		<del> </del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
		· 	
		1	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		the name of the	
Name of New Registered Agent:	<u>19 C.33.5</u>		
Nume of New Registered Agent.			
New Registered Office Address: (Florid	da street address)		
	<u> </u>	Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am position.		the obligations of the	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	CLIFTON H. GRIFFIN	503 PIEDMONT ST. REIDSVILLE, NC 27320	☐ Add ☐ Remove
<u>D</u>	MARK COLLINS	1403 PENNROSE DR. REIDSVILLE, NC 27320	☐ Add ☐ Remove
P	BRYAN MCCONNELL	1425 CURA ST. OVIEDO, FL 32765	✓ Add ☐ Remove
E. If amending (attach add	ng or adding additional Articles, enter (litional sheets, if necessary). (Be specifi	change(s) here:	

### 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>D</u>	MICHAEL G GOINS	1871 Shadow Pine Ct. OVIEDO, FL 32766	☑ Add □ Remove
E. <u>If amen</u> (attach a	ding or adding additional Articles, edditional sheets, if necessary). (Be s	nter change(s) here: pecific)	
·			

The date of each amendmen	t(s) adoption: DECEMBER 31, 2010
Effective date <u>if applicable</u> :	(data of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated DEC	CEMBER 31, 2010
Signature	Call A Shill-
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, our court appointed fiduciary by that fiduciary)
•	CLIFTON H. GRIFFIN
	(Typed or printed name of person signing)
	PRESIDENT
·	(Title of person signing)

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