

ND50000001715

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Amend/Name
Ch 8
10 2/27/14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SHINING ROCK COUNSELING CENTER, INC.

DOCUMENT NUMBER: N05000001715

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

Please return all correspondence concerning this matter to the following:

PAUL SORENSEN

(Name of Contact Person)

THE MISSION COLLECTIVE, INC.

(Firm/ Company)

1449 WANDO VIEW ST

(Address)

DANIEL ISLAND, SC 29492

(City/ State and Zip Code)

Paul W Sorensen
paulsorensen@gmail.com

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

For further information concerning this matter, please call:

PAUL SORENSEN

(Name of Contact Person)

at 203

(Area Code & Daytime Telephone Number)

921-7833

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)

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

SHINING ROCK COUNSELING CENTER, INC.

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

N05000001715

(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:

THE MISSION COLLECTIVE, INC.

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)

1449 WANDO VIEW ST

DANIEL ISLAND, SC 29492

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1449 WANDO VIEW ST

DANIEL ISLAND, SC 29492

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:

STEPHEN D. SORENSEN

1145 N LAKESHORE BLVD

(Florida street address)

New Registered Office Address:

LAKE WALES

(City)

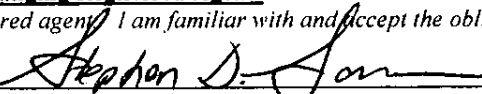
Florida

33853-3912

(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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14 FEB 26 PM 11:01
TALLAHASSEE, FLORIDA

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

ARTICLE III IS AMENDED TO READ:

THIS CORPORATION IS ORGANIZED AND IS TO OPERATE
TO CULTIVATE LEADERSHIP, CHARITABLE NETWORKS AND VENUES,
AND CHURCH PLANTS FOR THE COMMON GOOD IN CITIES
ACROSS NORTH AMERICA.

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

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 February 24, 2014

Signature [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)

PAUL W. SORENSEN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)