N05000009961

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SEURCIARY OF STATE
ALLAHASSEE, FI ORIGA

Amend

AUG 1 6 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Extreme Evangelism Ministry Ir	76
OOCUMENT NUMBER: NO500009961	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Joy Turner (Name of Contact Person)	
Extreme Evangelism Winistry Inc. (Firm/Company)	
(Address)	
Jacksonville, FL 3221Le (City/ State and Zip Code) MSJOYlynn @ aol. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Toy Turner at (904) 727.38.73 (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:	
□\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee & □\$60 Certificate of Status (Additional copy is enclosed) (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	201011 /2 80
of	MICHELL AM.
Extreme Evangelism Ministry, Inc. (Name of Corporation as currently filed with the Florida Dept.	
NO50000 99 Q1 (Document Number of Corporation (if known)	

1.	of the corporation:
<u>[A</u>	contain the word "corporation" or "incorporated" or the or
Enter new principal office address, if a rincipal office address MUST BE A STRE	pplicable: N/A
Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)	
If amending the registered agent and/or new registered agent and/or the new re	
	Joy Turner
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Joy Turner 6244 Riviera Ln (Florida street address)
	(Florida street address) Jox , Florida 32 (City) (Zip Code)

Page 1 of 3

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
President Bryan P.T	Jax FL 3	Add ZZI(a Remove
President Joy L. Turn	6244 Rivier Jax FL 32	Add Remove
Vice William Coch President	1H 2142 Alfar Jax FL 32	Omeo D Add 2410
Continue. Hamending or adding additional A	rticles, enter change(s) here : . (Be specific) (0700	
Secretary Chad Co	mwell #704 Bo	Wolfen Rd # 1704 [Add v
director Irving Co	mwell 6254	RIVICIA LA [Add V] FL 32216
	044	FL 02210
		

,	The date of each amendment(s) adoption: $\frac{8/4/2010}{}$
	Effective date if applicable: 8/4/2010
	(no more than 90 days after amendment file date)
	Adoption of Amendment(s) (CHECK ONE)
F	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 8/4/2010
	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)
	(Typed or printed name of person signing)
	President (Title of person signing)