# N05000012029

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DIVISION OF CORPORATIONS

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: 605 pc	Mission For Christ Ministries Inc
DOCUMENT NUMBER: NOSC	20012029
The enclosed Articles of Amendment and fee are su	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Marin T (Name of Co	ontact Person)
	Company)
8267 S Indian (Add	River Drive
Fort Pierce FL ? (City/ State a	34982 and Zip Code)
For further information concerning this matter, plea	
Marvin Finley (Name of Contact Person)	at (810) 305-0757 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida:DepartmentsofiState:
\$35 Filing Fee \$ Certificate of Status	S43.75 Filing Fee & S52.50 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**

οf

Gospel Mission For	Christ Ministries, In	C,
(Name of Corporation as cur	rently filed with the Florida Dept. of Stat	<u>e</u> )
N 05000	12029	
(Document Nu	umber of Corporation (if known)	
Pursuant to the provisions of section 617.1006 he following amendment(s) to its Articles of		ofit Corporation adopts
A. If amending name, enter the new name (5050e) Kingdom OF	Jesus Chist Ministries.	
The new name must be dis <del>ti</del> nguishable and abbreviation "Corp." or " Inc." <u>"Company"</u>		
B. Enter new principal office address, if an Principal office address MUST BE A STRE	oplicable:	O9 MAR 27
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF		PH 4: 35
D. If amending the registered agent and/or new registered agent and/or the new registered Agent:		er the name of the
Name of New Registered Agent.		_
New Registered Office Address:	(Florida street address)	-
	(MANAGE 11 )   1   1   1   1   1   1   1   1	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if change hereby accept the appointment as register position.		the obligations of the
	Signature of New Registered Agent, if char	nging

# 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
				☐ Add☐ Remove
	<del> </del>			Add Remove
E. <u>If amen</u> (attach a	ding or addin dditional shee	ng additional Articles, ets, if necessary). (Be	enter change(s) here: specific)	
•				
		, , ,		

The date of each amendment(s) adoption:				
Effective date if applicable:				
(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
was/were sufficient for approval.				
adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were s.			
Dated 3-	-16-09			
(By the chave not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, our appointed fiduciary by that fiduciary)			
<del></del>	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

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