# N06000002496

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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C.COULLIETTE

FEB 07 2012

**EXAMINER** 

### **COVER LETTER**

TO: Amendment Section Division of Corporations Many Mansions Ministries Inc. N06000002496 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dexter D. Sanders (Name of Contact Person) Many Mansions Ministries (Firm/ Company) 4644 Adanson Street (Address) Orlando, Florida 32804 (City/ State and Zip Code) pastord@rockorlando.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dexter Sanders (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy 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



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 20, 2012

**DEXTER D. SANDERS** MANY MANSIONS MINISTRIES INC. 4644 ADANSON ST ORLANDO, FL 32804

SUBJECT: MANY MANSIONS MINISTRIES INC.

Ref. Number: N06000002496

We have received your document for MANY MANSIONS MINISTRIES INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #N10000006238 / ROCK ORLANDO CENTER OF TRANSFORMATION INC.

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) 245-6903.

Cheryl Coulliefte

Hi Chey, the

512A00001424

Regulatory Specialist II

Rock Othnic center of Transformation has

been dissolved.

THANKS So much for your help.

Division of Corporations = r.u. Dua-v. r--rananassee, Florida 32314

### Articles of Amendment to Articles of Incorporation of

Many Mansions Ministries inc.  (Name of Corporation as currently filed with the Flo	orida Dant of State)	_
N0600002496	orida Dept. or State)	
(Document Number of Corpor	ration (if known)	_
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corporat	ion:	
Rock Orlando Center For Transforma	ation Inc.	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp."	or " Inc."
B. Enter new principal office address, if applicable:	4644 Adanson Street	
(Principal office address MUST BE A STREET ADDRESS	Orlando, Florida 32804	-
C. Datas and the state of the black		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4644 Adanson Street	_
	Orlando, Florida 32804	_
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		_
Name of New Registered Agent:		
4644 Adan	son Street	
New Registered Office Address:	(Florida street address)	
Orlando	, Florida 32804	
(City)	(Zip Code)	12 12
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fair		FILED FEB -7 AM ARLIARY OF AHASSEE, F
Signature of New Regis	stered Agent, if changing	AM PFE
1	Page 1 of 4	AN 10: 25  OF STATE OF FLORIDA

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: X Change	<u>PT</u>	John D	ne	
X Remove	· <u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
I) Change Add Remove	<del></del>	_		
2) Change Add Remove		_		
3 ) Change Add Remove		<del></del>		
4) Change Add Remove		_		
5) Change Add Remove			<del></del>	
6) Change Add Remove		<u></u>		

E. If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
	·

Γhe	date of each amendment	(s) adoption: <u>Ja</u>	nuary	20, 201	12		
	ective date <u>if applicable</u> :	January 20	), 2012	2			
	ente auto <u>ir apprendie</u> .	(no mo	re than 90	) days after (	amendment file da	te)	
Ada	option of Amendment(s)	(CHE	CK ONE	)			
	The amendment(s) was/w was/were sufficient for ap		members a	and the numl	ber of votes cast fo	or the amendment(	s)
	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 Jan	uary 18, 20	12				
	Signature	)eti	Sax	ler			
	have n	chairman or vice c not been selected, by court appointed fidu	y an incom	porator – if i	n the hands of a re		
	Dexter	D. Sanders	ı				
		(Typed or pri	nted name	e of person s	igning)		
	Preside	eņt					
		(Title of per	son signin	ng)		. , , , , , , , , , , , , , , , , , , ,	