1000003654

(Re	equestor's Name)	
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And I



COVER LETTER

. TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Ministry in Actio	on, Incorporated	
DOCUMENT NUMB	ER: N0600003654		
The enclosed Articles	of Amendment and fee are subm	nitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
	· · · · · · · · · · · · · · · · · · ·	D Brown	
	(Name of C	Contact Person)	
	Ministry in Act	tion, Incorporated	
	(Firm/	Company)	-
	421 NE 210 Circ	cle Terrace #10226	
· 	(Ac	ldress)	
	Miami, Fi	orida 33179	
	(City/ State	and Zip Code)	
	revddbrowr	n@yahoo.com	
	E-mail address: (to be used	for future annual report notificati	on)
For further information	concerning this matter, please of	call:	
Pastor Devin Brow	n	at (305) 799-5064	
(Name o	f Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for	the following amount made pay	able to the Florida Department of	of State:
	\$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)
Amend Division P.O. Bo	e Address ment Section n of Corporations ox 6327 ssee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation of

Ministry in Action, Incorporated (Name of Corporation as currently filed with the Florida Dept. of State)

N06000003654

(Document Number of Corporation (if known)

ation adopts 9. Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation a the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contact abbreviation "Corp." or "Inc." "Company" or "C	•	_
B. Enter new principal office address, if applical	<u>12555 NW 17th</u>	Avenue
(Principal office address <u>MUST BE A STREET Al</u>	North Miami, Fl	orida 33167
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u>	
D. If amending the registered agent and/or regis new registered agent and/or the new registere		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(0:4-)	, Florida
	(City)	(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

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 D Deacon John Johnson P.O. Box 380084 ☐ Add ☑ Remove Miami, Florida 33238 ☐ Add ☐ Remove _____ 🗖 Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	t(s) adoption: January 2, 2011
• . Effective date <u>if applicable</u> :	January 2, 2011
-	(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 irectors.
Dated Jan Signature	uary 3, 2011
(B)	y the chairman or vice chairman of the board, president or other officer-if director, we not been selected, by an incorporator – if in the hands of a receiver, trustee, our court appointed fiduciary by that fiduciary)
	Devin D. Brown
	(Typed or printed name of person signing)
	President
	(Title of person signing)