N06000008909

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TALLAHASSEE, FI ORIDA

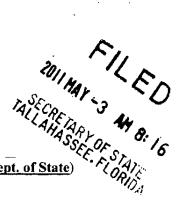
Amend
Brown 513-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	ORPOR	ATION: FEED MY SH	HEEP M	INISTRY OF	GOD IN	1C
DOCUMENT	NUMB	ER: N06000008909				
The enclosed A	rticles (of Amendment and fee are su	bmitted for	filing.		
Please return al	ll corres	pondence concerning this ma	tter to the f	following:		
			ON SCHO			
		(Name o	i Contact r	ersony		
	FEED	MY SHEEP MINISTRY			ALLSTAR	CHEER
		(Firr	n/ Compan	y)		
		243 MAGN	OLIA PAF	RK TRAIL		
		((Address)			
		SANFORD	. EI ÓBIC	ነለ 32773		
			ate and Zip			
					_	
-		PRESTONSCHO E-mail address: (to be use	OFIELD@ ed for futur	YAHOO.CON e annual report n	Anotification)	
For further info	rmation	concerning this matter, pleas	se call:			
PRESTON S	SCHOP	FIELD	at (407) 212	2-8168	
(Name o	f Contact Person)	~	(Area Code &	Daytime Tel	ephone Number)
Enclosed is a cl	neck for	the following amount made p	payable to t	he Florida Depa	rtment of Sta	ate:
□\$35 Filing Fe		☑ \$43.75 Filing Fee & Certificate of Status	Certifi	7.75 Filing Fee & ded Copy is sed)	Ce Ce (A	\$52.50 Filing Fee ertificate of Status ertified Copy additional Copy s enclosed)
	Amenda Division P.O. Bo	z Address ment Section n of Corporations ox 6327 ssee, FL 32314	·	Street Address Amendment Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	ction porations 3 Center Circle	,

Articles of Amendment to Articles of Incorporation of



FEED MY SHEEP MINISTRY OF GOD, INC.

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

N06000008909

(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 corporatio	<u>n:</u>	
The new name must be distinguishable and co abbreviation "Corp." or "Inc." <mark>"Company" or</mark>			rporated" or the
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREE</u>)		243 MAGNOLIA PA	DV TDAII
		243 MAGNOLIA PA	ARK FRAIL
		SANFORD, FLORID	DA 32773
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		243 MAGNOLIA PAI	RK TRAIL
		SANFORD, FLORID	A 32773
D. If amending the registered agent and/or renew registered agent and/or the new regis			r the name of the
Name of New Registered Agent:	PREST	ON SCHOFIELD	_
	243 MAGN	IOLIA PARK TRAIL	
New Registered Office Address:	(Flori	da street address)	-
_	SANFO		, Florida 32773
		(City)	(Zip Code)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the

New Registered Agent's Signature, if changing Registered Agent:

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:

<u>Title</u>	Name	Address	Type of Action
CHAIR	SYLVIA IZQUIERDO	680 BROOKFIELD LOOP LAKE MARY, FLORIDA 32746	☐ Add ☐ Remove
VICE (CAROL COOPER	1197 GULF STAR DRIVE P LAKE MARY, FLORIDA 32746	☐ Add ☐ Remove
SECR	JULIA STARLING	14104 STONE BROOK DRIVE SANFORD, FLORIDA 32773	☐ Add ☑ Remove
	or adding additional Articles, enter chional sheets, if necessary). (Be specific		
			
			
			<u> </u>

<u>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:</u>

<u>Title</u>	<u>Name</u>	Address	Type of Action
TREAS	YVONNE FITZGERALD	8009 BIRMAN STREET MAITLAND, FLORIDA 32751	_ ☐ Add ☐ Remove
<u>VP</u>	KZONIC SCHOFIELD	243 MAGNOLIA PARK TRAIL SANFORD, FLORIDA 32773	_ ☐ Add _ ☑ Remove
			_ □ Add _ □ Remove
E. <u>If amendir</u>	ng or adding additional Articles, enter	change(s) here:	
(attach add	itional sheets, if necessary). (Be specif	ic)	<u></u>
			·· · · · · · · · · · · · · · · · ·

Lf 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:

<u>Title</u>	Name	Address	Type of Action
CHAIRMAN	JACQUELINE MAJOR	577 LITCHFIELD CT EVANS, GEORGIA 30809	☑ Add □ Remove
VICE CHA	PAUL WILLIAMS	3619 CILLIA STREET ZELLWOOD, FLORIDA 32798	☑ Add ☐ Remove
SECRETAR	YROY SMITH JR.	407 WILLOW STREET ZELLWOOD, FLORIDA 32798	✓ Add ☐ Remove
	g or adding additional Articles, enter clional sheets, if necessary). (Be specific		

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
TREAS	JIMMY McFADDEN	2401 MICHAEL GLADDEN BL APOPKA, FLORIDA 32789	₩
			_
E. <u>If amendi</u> (attach add	ing or adding additional Articles, elditional sheets, if necessary). (Be s	nter change(s) here: pecific)	

The date of each amendment(s	
Effective date if applicable:	(date of adoption is required) (no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) al.
There are no members or me adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
have 1	e chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
	PRESTON SCHOFIELD
•	(Typed or printed name of person signing)
	CEO/FOUNDER/PRESIDENT
	(Title of person signing) GLORIA D. GRAY ONTARY PUBLIC NOTARY P

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