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COVER LETTER

I AM EVANGELISTIC MINISTRIES, INC.

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:			
N06000009349 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Chris Stumpf			
	(Name of Contact Pe	erson)	
I AM EVANGELISTIC MINISTRIES			
	(Firm/ Company	/)	
33A Lake Arrowhead Drive			
	(Address)		
Winter Haven FL 33880			
	(City/ State and Zip	Code)	
therockwinterhaven@gmail.com			
E-mail address: (to be	e used for future annual rep	ort notification	1)
For further information concerning this matter, p	lease call:		
Chris Stumpf	at	863	295-5585
(Name of Contact P			(Daytime Telephone Number)
Enclosed is a check for the following amount ma	ide payable to the Florida [Department of S	State:
\$35 Filing Fee \$43.75 Filing Fe Certificate of St	ee & \$\sumsymbol{\text{\$\subset\$}}\$43.75 Filing Fee atus Certified Copy (Additional copy in enclosed)	Certifi s Certifi	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		reet Address nendment Secti	on

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation of

I AM EVANGLISTIC MINISTIRES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N06000009349 (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 corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Chris Stumpf Name of New Registered Agent: 33A Lake Arrowhead Drive (Florida street address) New Registered Office Address: Winter Haven 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 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)

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 X_Remove X_Add		Doe 2 Jones 2 Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Michael A Jarrett	33A Lake Arrowhead Drive
Add			Winter Haven, FL 33880
X Remove			
2) Change	PD	Chris Stumpf	33A Lake Arrowhead Drive
X Add			Winter Haven, FL 33880
Remove			
3) Change	SD	Kent Hovious	150 Berkley Knights Drive
Add			Auburndale, FL 33823
X Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
<u></u>	

	ne date of each amendment(s) adoption:	, if other than the
aate	te this document was signed.	
Effe	fective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will cument's effective date on the Department of State's records.	I not be listed as the
Ado	loption of Amendment(s) (<u>CHECK ONE</u>)	
	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 1/1/2017	
	Signature Michael A- Jawatt	
	(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)	
	Michael A. Jarrett	
	(Typed or printed name of person signing)	
	Director & President	
	(Title of person signing)	