N07000007611

(Re	questor's Name)	
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SLURETARY OF STATE

Amend



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MUD MINISTRY, INCORPORATED			
DOCUMENT NUM	BER: N07000007611	•	
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	3 (*)	el N Hoover	
		f Contact Person)	
	MUD MINISTF	RY, INCORPORATED	
	(Firm	n/ Company)	
	PO	Box 1102	1
	(Address)	
		;	1
	Apopl	ka, FL 32704	1
	(City/ Sta	ate and Zip Code)	
	jmurdock E-mail address: (to be use	323@gmail.com ed for future annual report no	otification)
For further information	on concerning this matter, pleas	se call:	
ı		e week of	
Daniel N Hoover	1000 to 2 age 2	at (407) 252	-0763
(Name	of Contact Person)	(Area Code & I	Daytime Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Depar	tment of State:
☑\$35 Filing Fee	☐ \$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)
	ng Address	Street Address	is chelosed)
	idment Section	Amendment Sec	
	ion of Corporations Box 6327	Division of Corp	
	10x 6327 1assee, FL 32314	Clifton Building 2661 Executive	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



MUD MINISTRY, INCORPORATED

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

N07000007611

(Document Number of Corporation (if known)

vi dintending namel	enter the new nam	e of the corporatio	n: "		
· · · · · · · · · · · · · · · · · · ·			_ ;	<u>. i.</u> i	
new name must be reviation "Corp." or					orporated" or the
Enter new principal					
ncipal office address	S <u>MUST BE A STR</u>	REET ADDRESS)		,	
				ı	
Enter new mailing (Mailing address MA			PO Box 1	102	
			Apopka, F	L 327 04	
				,	
				lorida, ent	ter the name of the
new registered agen	t and/or the new r			lorida, ent	ter the name of the
If amending the reg new registered agen <u>Name of New Re</u>	t and/or the new r			lorida, ent	ter the name of the
new registered agen	t and/or the new r	egistered office ad		1	ter the name of the
new registered agen Name of New Re	t and/or the new r	egistered office ad	dress:	1	, Florida
new registered agen Name of New Re	t and/or the new r	egistered office ad	dress:	1	

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	Jon B McGuire	5303 Baptist Camp Rd	🗖 Add
1		Apopka, FL 32712	✓ Remove
			Remove
	· · · · · · · · · · · · · · · · · · ·		
·. :=	×	1 12 1	
F If amond	ing or adding additional Autialas	onton change(a) have	
(attach add	ing or adding additional Articles, ditional sheets, if necessary). (Be	specific)	
			
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			•

The date of each amendment	t(s) adoption: $\frac{7/19/2010}{}$
Effective date if applicable:	(date of adoption is required) 7/19/2010
<u>иррленого</u> .	(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 proval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/wer rectors.
Dated 7/19	9/2010
Signature	Darly
hav	The chairman or vice chairman of the board, president or other officer-if dir ve not been selected, by an incorporator – if in the hands of a receiver, trus er court appointed fiduciary by that fiduciary)
	Daniel N Hoover
	(Typed or printed name of person signing)
	. President
	(Title of person signing);
	;

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