

NO7000011244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

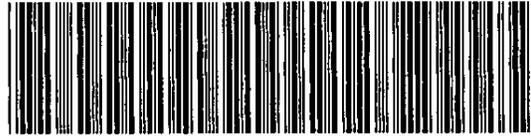
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300225761093

~~ENTER THE NAME~~
23412
012 — 16853

03/22/12--01019--027 **35.00

name change
Amend

FILED
2012 MAR 22 AM 8:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

*00789, 01169, 00707, 00706, 00672
00167 7/11/12
AJR

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ASSEMBLY OF GOD MINISTRIES RESTAURATION, INC.

DOCUMENT NUMBER: N07000011244

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HUMBERTO SCHIMITT

(Name of Contact Person)

(Firm/ Company)

6856 ST AUGUSTINE ROAD

(Address)

JACKSONVILLE FL 32217-2818

(City/ State and Zip Code)

JIM @ FISCHERACCOUNTING.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAULO GASPARETO

(Name of Contact Person)

at (904) 226-3676

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (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

May 16, 2012

Humberto Schimitt
6856 St. Augustine Rd.
Jacksonville, FL 32217-2818

SUBJECT: ASSEMBLY OF GOD MINISTRIES RESTAURATION INC
Ref. Number: N07000011244

We have received your document for ASSEMBLY OF GOD MINISTRIES RESTAURATION INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

You failed to make the correction(s) requested in our previous letter.

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) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 312A00014543

RECEIVED
DIVISION OF CORPORATIONS
2012 JUL 10 AM 11:17
NOV 10 2011
TO ASSISTANCE FILE
SUFFICIENCY OF FILING



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2012

Humberto Schmitt
6856 St. Augustine Rd.
Jacksonville, FL 32217-2818

SUBJECT: ASSEMBLY OF GOD MINISTRIES RESTAURATION INC
Ref. Number: N07000011244

We have received your document for ASSEMBLY OF GOD MINISTRIES RESTAURATION INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 512A00010164

RECEIVED

2012 MAY 16 AM 9:39

NOT RETURNED
TO AGENCY OF
SUFFICIENCY OF FEES

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: CORPORATION - Assembly of God Ministries Restauration,
Inc.

Dear Sir:

Enclosed please find one original and one copy of Articles of
Amendment for the above corporation.

Also find enclosed our check in the amount of \$35.00 to cover the
filing fee costs.

Very truly yours,


Humberto Schmitt
President

Dear Sirs:

Thank you for your assistance in this matter. We can be reached at the following phone number 904-226-3676. Thank you.

A handwritten signature in black ink, appearing to read 'H. Schmitt'.

Humberto Schmitt

ESTABLISHED
3-31-12

Articles of Amendment
to
Articles of Incorporation
of

FILED

2012 MAR 22 AM 8:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ASSEMBLY OF GOD MINISTRIES RESTAURATION, INC

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

N07000011244

(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:

RESTORATION MINISTRY ASSEMBLY OF GOD, INC. The new 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)

6856 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32217-2818

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6856 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32217-2818

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:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address:

_____, 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)

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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>EZEEL D FERREIRA SR</u>	<u>3301 ARTLEY ROAD</u> <u>JACKSONVILLE, FL 32257</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>FREDERICO DE OLIVEIRA</u>	<u>6856 ST AUGUSTINE ROAD</u> <u>JACKSONVILLE, FL 32217-2818</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>JESUS CASTILLO</u>	<u>6856 ST AUGUSTINE ROAD</u> <u>JACKSONVILLE FL 32217-2818</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>EZEQUIEL ELIAS</u>	<u>6856 ST AUGUSTINE ROAD</u> <u>JACKSONVILLE FL 32217-2818</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

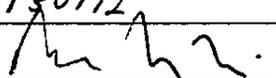
The date of each amendment(s) adoption: MARCH 1, 2012

Effective date if applicable: MARCH 31, 2012
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- 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 5/30/12

Signature 

(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)

HUMBERTO SCHIMTT
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)