

N08000000847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

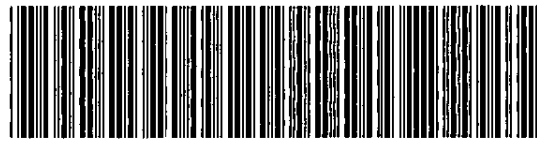
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200159051002

09/03/09--01027--022 \*\*43.75

09 SEP 18 AM 8:49

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*Amend N.C.*  
C.COULLETTE

SEP 18 2009

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Open Arms Church, Inc

**DOCUMENT NUMBER:** N08000000847

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

Please return all correspondence concerning this matter to the following:

Abad A. Perez

(Name of Contact Person)

Open Arms Church

(Firm/ Company)

P.O. Box 1743

(Address)

Elfers, FL 34680

(City/ State and Zip Code)

aecsp2000@yahoo.com

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

For further information concerning this matter, please call:

Fr. Abad A. Perez

(Name of Contact Person)

at ( 727 ) 376-2540

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

**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

September 9, 2009

ABAD A. PEREZ  
OPEN ARMS CHURCH  
PO BOX 1743  
ELFERS, FL 34680

SUBJECT: OPEN ARMS CHURCH, INC.  
Ref. Number: N08000000847

We have received your document for OPEN ARMS CHURCH, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is N08000010853 / SACRED HEART MISSIONS INC..

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) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 709A00029898

RECEIVED

2009 SEP 17 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Thank You. I have changed it to:  
Sacred Heart of Jesus, Inc.

Articles of Amendment  
to  
Articles of Incorporation  
of

Open Arms Church, Inc

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

N08000000847

(Document Number of Corporation (if known))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 18 AM 8:40

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:

~~Open Arms Church, Inc~~ <sup>2.</sup> Sacred Heart Mission, Inc. Sacred Heart of Jesus, 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)

2435 US Hwy 19

Suite 580

Holiday, FL 34691

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 1743

Elfers, FL 34680

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

[illegible]


The date of each amendment(s) adoption: August 31, 2009

Effective date if applicable: August 31, 2009 *(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 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 August 31, 2009

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)

Abad A. Perez  
(Typed or printed name of person signing)

Pastor/President  
(Title of person signing)