## N08000009666

(Re	questor's Name)	
, (Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>•</del> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ONE NATION	UNDER GOD	J.S.A. MINISTRIES INC
DOCUMENT NUMBER: NO8000096	666	
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
BRO	OWN, ROB	ERT CIII
	Name of Contact Person	1)
ONE NATION UNDER G	OD U.S.A.	MINISTRIES INC
	(Firm/ Company)	
211 N.W. 19TH STREET	-	
	(Address)	
NAPLES FL 34120		
	(City/ State and Zip Cod	
one_nation_under	god_usa(	msn.com
For further information concerning this matter, please of	call:	
BROWN, ROBERT CIII	<sub>at (</sub> 239	353-1303
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida Depa	artment 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	Ameno Divisio Clíftor 2661 E	Address Intent Section on of Corporations Building Executive Center Circle assee, FL 32301



July 9, 2014

Robert Brown CIII
One Nation Under God U.S.A. Ministries
211 N.W. 19th Street
Naples, FL 34120

SUBJECT: ONE NATION UNDER GOD U.S.A. MINISTRIES INC

Ref. Number: N08000009666

We have received your document for ONE NATION UNDER GOD U.S.A. MINISTRIES 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):

A post office box is not an acceptable address for the registered agent.

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: 414A00014806



## Articles of Amendment to Articles of Incorporation of



ONE NATION UNDER G	GOD U.S.A.	MINISTRIES II	V@14 <sub>2014</sub> AUG -1	4 PM (3: 41
(Name of Corporation as current)			eign of a state	TUF STATE.
N08000009666			THE LAHAS	SEENFLORIDA
(Docu	iment Number of Co	rporation (if known)	73 "	
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporation		s, this <i>Florida Not For I</i>	Profit Corporation ac	lopts the following
A. If amending name, enter the new na	me of the corporati	on:		
name must be distinguishable and contain "Company" or "Co." may not be used in		ion" or "incorporated"	or the abbreviation	The new "Corp." or "Inc."
B. Enter new principal office address, i (Principal office address MUST BE A ST		,		
C. Enter new mailing address, if application (Mailing address MAY BE A POST C	cable: OFFICE BOX)			
D. If amending the registered agent and new registered agent and/or the new	registered office a	ddress:		
Name of New Registered Agent:	REDLINE -	BLUELINE, IN	<u>C.</u>	
	all NW.	19th Street		
New Registered Office Address:		(Florida street address)		
	NAPLES		, Florida <u>3410</u>	18
	(City)		(	Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registed	erkdlagen). Lam fai			osition.

Page 1 of 4

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	PT John V Mike SV Sally	Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Namç</u>	<u>Addres</u> s
1) Change Add X Remove	<u>VP</u>	BERNHARDT, JEREMY	792 TETON COURT NAPLES FL 34104
2) Change X Add	<u>S</u>	BROWN, SIW	211 N.W. 19-STREET NAPLES FL 34120
Remove 3) X Change Add Remove	<u>P</u>	BROWN, ROBERT CIII	211 N.W. 19 STREET NAPLES FL 34120
4) Change Add Remove			
5) Change Add Remove	<del></del>		
6) Change Add			

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

The date of each amendmen		, if other than the
ate this document was signed.  Sective date if applicable: 6/19/2014		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/w was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
☐ There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated 10	1 JUNE 2014	
have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
BROV	VN, ROBERT CIII	
	(Typed or printed name of person signing)	
PRESI	DENT	
	(Title of person signing)	