N-0800000 9711

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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ROCHE INTE	RNATIONAL MINIST	RIES, INC.
DOCUMENT NUM	BER: N08000009711		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	 	a Nelson	
	(Name of	Contact Person)	
		onsulting Firm	
	(Firm	n/ Company)	
		SR 7, Suite Z,	<u></u>
	(.	Address)	
·		c, FL 33319	
	(City/ Sta	te and Zip Code)	
	nelson469 E-mail address: (to be use	99@netzero.com d for future annual report notific	cation)
For further information	on concerning this matter, pleas	e call:	
Eula Nelson		at (954) 309-42 (Area Code & Dayt	80
(Name	of Contact Person)	(Area Code & Dayt	ime Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	nt 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	,
	idment Section ion of Corporations	Amendment Section Division of Corporat	ions
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Cent	er Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Roche Interna			
(Name of Corporation as curr	ently filed with t	he Florida Dept. of S	tate)
- · · · · · · · · · · · · · · · · · · ·	000009711		
(Document Nur	mber of Corporati	on (if known)	
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of In		this Florida Not For	Profit Corporation adopts
A. If amending name, enter the new name of	of the corporation	<u>ı:</u>	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			corporated" or the
B. Enter new principal office address, if app			
(Principal office address <u>MUST BE A STREI</u>	ET ADDRESS)		(C) A
			- AG AG

C. Enter new mailing address, if applicable	<u>:</u>		
(Mailing address MAY BE A POST OFF)			- 5 ×
D. If amending the registered agent and/or	registered office	address in Florida, e	nter the name of the
new registered agent and/or the new reg	istered office add	lress:	
Name of New Registered Agent:			
New Registered Office Address:	(Flori	da street address)	
			, Florida
		(City)	(Zip Code)
Novy Desigtaned Agent's Signature if shows	ing Dogistand A	gont.	
New Registered Agent's Signature, if changing I hereby accept the appointment as registere position.			ept the obligations of the
- -	Signature of New	Registered Agent, if ch	aanging
•			

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>	Name	Address	Type of Action
····	.		
(attach add	ng or adding additional Art ditional sheets, if necessary). icle III-Purpose	icles, enter change(s) here: (Be specific)	
The purpos	se for which the corporat	on is organized is: exclusively e	ducational and
charitable,	within the meaning of Se	ection 501(c)3 of the Internal Re	evenue Code.
Add- Articl	e IX - Dissolution		
Upon the d	issolution of this organiz	ation, assets shall be distributed	d for one or more
exempt pur	rposes within the meanin	g to Section 501(c)(3) of the Inte	ernal Revenue Code,
or correspo	onding section of any fut	ure federal tax code, or shall be	distributed to the
federal gov	ernment, or to a state or	local government for a public pe	urpose.
			····
Add Article	X - Private Inurement		
No part of	the net earnings of the c	orporation shall inure to the benderation	efit of, or be
distributabl	le to, its directors, officer	s, trustees or other private perso	ons, except that the
corporation	n shall be authorized and	empowered to pay reasonable	compensation for
services re	ndered and to make pay	ments and distributions in furthe	erance of Section
501(c)3 pt			
\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-			

The date of each amendment(s):	adoption: August 20, 2009
``	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were awas/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) l.
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated 8 / 2	deus Roche
(By the have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)
	Robens Roche
_	(Typed or printed name of person signing)
_	President/Director
	(Title of person signing)

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