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APP 111

COVER LETTER

TO: Amendment Section

Division of Co	rporations ,		
NAME OF CORPO	RATION: Checco	s Angel Ministri	es,Toc
DOCUMENT NUMI	BER: <u>NO90</u>	00003694	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Winsome	Contact Person)	
	Λ.	Ministries, In	oc.
	1342 NW	123 Ave Address)	
Per	nbrohe Pines	5, FL 3302 ate and Zip Code)	<u> </u>
_Cl	E-mail address: (to be use	ed for fulfure annual report notifica	ation)
For further information	n concerning this matter, pleas	se call:	
Winsome (Name of	of Contact Person)		-0287 ne Telephone Number)
Enclosed is a check for	r the following amount made j	payable to the Florida Department	t of State:
☐ \$35 Filing Fee	\$\bigsquare \\$43.75 \text{ Filing Fee & Certificate of Status}	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fed Certificate of Status Certified Copy (Additional Copy is enclosed)
	g Address linent Section	Street Address Amendment Section	,

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to Articles of Incorporation of

FILED

Checco Amel Minis	tries Tro	2011 FEB -4 AM II: 30
(Name of Corporation as currently fil	led with the Florida Dept. of S	TATELLAHASSEE FLORID
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida the following amendment(s) to its Articles of Incorporation		Profit Corporation adopts
A. If amending name, enter the new name of the co The new name must be distinguishable and contain tabbreviation "Corp." or "Inc." "Company" or "Co."	of South Horid he word "corporation" or "in	corporated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		nter the name of the
Name of New Registered Agent:		·
New Registered Office Address:	(Florida street address)	
<u> </u>	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. position.		ept the obligations of the
Signatur	e of New Registered Agent if ch	vanoino

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
			Remove
E. If amen	iding or adding additional A	rticles, enter change(s) here:	
(attach a	additional sheets, if necessary,). (Be specific)	
			·
	· · · · · · · · · · · · · · · · · · ·	,	

The date of each amendment(s) adoption:
Effective date if applicable: (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.
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)
(Typed or printed name of person signing)
President (Title of person signing)