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TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:	OF HOPE SEVENTH DAY ADVENTIST COMMUNITY MISSION INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
ECCLE STERLING	
	(Name of Contact Person)
MESSAGE OF HOPE SEVENTH DAY AD	VENTIST COMMUNITY MISSION INC.
	(Firm/ Company)
970 TUSKAWILLA	
	(Address)
WINTER SPRINGS / FL 32708	
	(City/ State and Zip Code)
BILLING@MOHSDA.ORG	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r, please call:
DONNIE PALMER	954 4452049 at
(Name of Contact	
Enclosed is a check for the following amount	made payable to the Florida Department of State:
☐ \$35 Filing Fee ■\$43.75 Filing Certificate of	Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

MESSAGE OF HOPE SEVENTH DAY ADVENTIST COMMUNITY MISSION INC.

(Name of Corporation as currently filed with the	e Florida Dept.	of State)	
N09000003832		~	
(Docun	nent Number of (Corporation (if known)
Pursuant to the provisions of section 617.1006. Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this	s Florida Not For Pro	fit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		or "incorporated" or .	The new the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ble:		10
(Principal office address MUST BE A STREET A			
		-	
			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	ROV)		P. P.
			2
D. If amending the registered agent and/or registered agent and/or the new registered.	stered office added	ress in Florida, enter	the name of the
Name of New Registered Agent:	AUKEA JOSEF	PH	
Nume of New Registered Agent.	970 TUSKAWI	LLA ROAD	
<u>New Registered Office Address;</u>	(Florida street address)		
	WINTER SPRI	NGS	, Florida 32708
	(Ci	(v)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent (i. Lem familfar	with and accept the of	

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	<u>me</u>	Address
1) Change Add	<u>S</u>	_ <u>s</u> T	ACEY SEMEXAN	621 LEGACY PARK DRIVE CASSELBERRY, FL 32707
× Remove				
2) Change Add	<u>S</u>	<u>AU</u>	JKEA JOSEPH	970 TUSKAWILLA ROAD WINTER SPRINGS, FL 32708
Remove 3) Change Add Remove				
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
F. If amending or addin (attach additional shee	g additio ts. if nece	nal Articles, ssary). (Be	enter change(s) here: specific)	
			-	
			<u> </u>	
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendm	ent file date)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory fi document's effective date on the Department of State's records.	ing requirements, this date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)