N09000008275

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
.(Business Entity Name)		
(Document Number)		
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09/23/09--01005--020 **43.75

SECRETARY OF STATE
TALLAHASSEE. FLORIDA
O9 OCT -2 AM 8: 52

Amend/CG Marid 5/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Waves of Fire Ministries Inc.				
DOCUMENT NUI	мвек: <u>N0900008275</u>	·		
The enclosed Articl	es of Amendment and fee are sub	mitted for filing.		
Please return all con	respondence concerning this matt	ter to the following:		
		J. Vaughan		
	(Name of	Contact Person)		
	Waves of F	ire Ministries Inc.		
	(Firm	/ Company)		
	441 Harbor C	ity Blvd. Unit C-17		
		Address)	,	
	Melhourne	e, Florida 32935		
		te and Zip Code)		
	ivaudha	n6@cfl.rr.com		
***************************************		d for future annual report notific	eation)	
For further informa	tion concerning this matter, please	e call:		
John J. Vaugha	n	at (321) 537-820	05	
	ne of Contact Person)	at (321) 537-820 (Area Code & Dayti	me Telephone Number)	
Enclosed is a check	for the following amount made p	ayable to the Florida Departmen	at 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		Street Address Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporation Clifton Building	ons	
Tallahassee, FL 32314		2661 Executive Cente Tallahassee, FL 3230		



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2009

JOHN J. VAUGHAN WAVES OF FIRE MINISTRIES, INC. 441 HARBOR CITY BLVD., UNIT C-17 MELBOURNE, FL 32935

SUBJECT: WAVES OF FIRE MINISTRIES INC.

Ref. Number: N09000008275

We have received your document for WAVES OF FIRE MINISTRIES INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

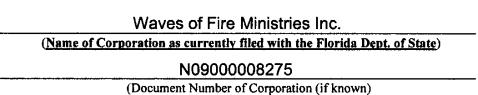
If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 709A00031294

RECEIVER
2009 OCT -2 AN 8: O

Articles of Amendment Articles of Incorporation



A. If amending name, enter the new name of the corp NO				
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.				
8. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRI</u>	NO NO	**************************************		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NO			
If amending the registered agent and/or registered new registered agent and/or the new registered off	ice address:	enter the name of th		
		enter the name of th		
new registered agent and/or the new registered off	ice address:	enter the name of th		
Name of New Registered Agent:	ice address: NO	enter the name of the		

Page 1 of 3

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
	NO		☐ Add ☐ Remove
			Add Remove
	- Cive to - State of common Notes and Notes to common of the common of t		Add Remove
E. If amendi	ng or adding additional Articles, enter of litional sheets, if necessary). (Be specifi		
Dissolution	Clause		
Upon disso	lution of this Organization, Waves	of Fire Ministries Inc., assest	s shall be
distributed	for one or more exempt purposes v	vithin the meaning of section	501 (c)(3)
	nal Revenue Code, or correspondir	•	
	distributed to the federal governme		
purpose.	<u> </u>	, o u u u u u u u	
purpose.			
			<u> </u>
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The date of each amendment(s) adoptio	n: September 20, 2009
•	(date of adoption is required)
Effective date <u>if applicable</u> :	1
(n	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted l was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members en adopted by the board of directors.	titled to vote on the amendment(s). The amendment(s) was/were
Dated September 20	0, 2009
Signature	hn A. Vanghan
have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator — if in the hands of a receiver, trustee, o ointed fiduciary by that fiduciary)
	John J. Vaughan
	(Typed or printed name of person signing)
F	President, Waves of Fire Ministries Inc.
	(Title of person signing)