# N09000009678

(Requestor's Name)

(Address)

(Address)

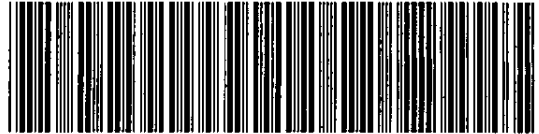(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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Name
Changed
Amend

10/29/09--01004--012 **35.00

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2009 OCT 29 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/30/09

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**NAME OF CORPORATION:** THE SHADOW OF THE ALMIGHTY MINISTRIES

**DOCUMENT NUMBER:** N09000009678

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KING YEOTAN
(Name of Contact Person)

THE SHADOW OF THE ALMIGHTY MINISTRIES
(Firm/ Company)

2722 N MORGAN STREET
(Address)

TAMPA FLORIDA 33602
(City/ State and Zip Code)

wemchurch@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KING YEOTAN at ( 813 ) 494- 0458
(Name of Contact Person)     (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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

**Street Address**
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Articles of Amendment**
**to**
**Articles of Incorporation**
**of**

__(Name of Corporation as currently filed with the Florida Dept. of State)__

## THE SHADOW OF ALMIGHTY THE MINISTRIES INC.

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

## THE SHADOW OF THE ALMIGHTY MINISTRIES INC.

*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__.*

**B. Enter new principal office address, if applicable:**
*(Principal office address MUST BE A STREET ADDRESS )*

2722, N MORGAN STREET

TAMPA FL 33602

**C. Enter new mailing address, if applicable:**
*(Mailing address MAY BE A POST OFFICE BOX)*

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent:* _____

*New Registered Office Address:* _____
(Florida street address)

_____ , Florida _____
(City)                          (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

_____
*Signature of New Registered Agent, if changing*

**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)*

| Title | Name | Address | Type of Action |
|---|---|---|---|
| _____ | _____ | _____ | ☐ Add<br>☐ Remove |
| _____ | _____ | _____ | ☐ Add<br>☐ Remove |
| _____ | _____ | _____ | ☐ Add<br>☐ Remove |

**E. If amending or adding additional Articles, enter change(s) here:**
*(attach additional sheets, if necessary).*     *(Be specific)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____ /0⁻ 26—09 _____

*(date of adoption is required)*

Effective date if applicable: _____

*(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.

Dated _____ /0 — 26 — 09 _____

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)

_____ King Yeotau _____

(Typed or printed name of person signing)

_____ Vice president _____

(Title of person signing)