717700001

(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



700260045757

05/12/14--01008--020 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Anointed	Community	Services, Inc.
DOCUMENT NUMBER: N1000004	144	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Linda Cowels-Murray		
	(Name of Contact Persor	n)
Anointed Community Set	rvices Interi	national, Inc.
	(Firm/ Company)	
606 S. Main Avenue		
	(Address)	
Minneola, FL 34715		
1	(City/ State and Zip Code	2)
anointedcs@hotm		
E-mail address: (to be used	for future annual report i	notification)
For further information concerning this matter, please of	call:	
Linda Cowels-Murray	352 _{at (}	404-7898
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Articles of Amendment to Articles of Incorporation

Anninted Communi	Le So	011/10S	Inc.		
(Name of Corporation as currently filed	a with the Flo	rida Dept. of State)		
1/10	000000	4144			
(Document	Number of C	orporation (if known	1)	····	
Pursuant to the provisions of section 617.1006, I amendment(s) to its Articles of Incorporation:	Florida Statut	es, this Florida Not	For Profit Corpor	ation adopts the fo	ollowing
A. If amending name, enter the new name of ANDIN FEA COMMUNITY aname must be distinguishable and contain the we "Company" or "Co." may not be used in the new	Service.	s Interna	tional, I	-ne. Piation "Corp." or	The new r "Inc."
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE BOX)	P.O. Bo Minnes	34	755	
D. If amending the registered agent and/or renew registered agent and/or the new regis			la, enter the nam	e of the ← (a) [22]	
Name of New Registered Agent:				LAHAY	
New Registered Office Address:	•	(Florida street address)	, Florida	12 D L	J
	(City)	······································	,11011444_	Cip:Code)	
New Registered Agent's Signature, if changin	ng Registered	Agent:		0	
I hereby accept the appointment as registered as	agent. I am fa	miliar with and acce	ept the obligations	of the position.	
. Sign	nature of New	Registered Agent, ij	f changing		

Page 1 of 4

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 <math>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>V</u> <u>Mik</u>	n <u>Doe</u> se <u>Jones</u> y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)ChangeAddRemove	<u>D</u>	Ernest O. Turner, Je.	942 lork Oak Lane Minneola, FL 34715
2) Change			
Add			
3) Change			
Add			
4) Change Add			
Remove			
5) Change	,		<u> </u>
Add			
6) Change			
Remove			

E.	If amending or addin	g additional Ar	<u>ticles, enter change(s</u>) here:
	(attach additional shee	ts, if necessary).	(Be specific)	

Appinted Community Services International provides social services and humanifarian aid to those
social services and humanifarian aid to those
living in countries abroad. ACS will engage in
living in countries abroad. ACS will engage in trainging and development along with other non-profit agencies and/on government agencies Provides technical training to persons and seligious organizations overseas, to include all services that is offered in the U.S.
non-profit agencies and/on government agencies
Provides to chnical training to persons and
religious organizations overseas to include
all services that is offered in the U.S.

date this document was signed.	ption:	, ii other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
Dated Mo	14 05 2014 March Museau	
Signature (By the chairm	nan or vice chairman of the board, president to other officer-if directors	
have not been	n selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
Linda	Cowels-Murray	
Pres	Cowels-Illurray Typed or printed name of person signing) Ident/CEO	
	(Tatle of person signing)	