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SC 06/05/2023

COVER LETTER

TO: Amendment Section Division of Corporations

Crash Movement Ministries, Inc.
N10000006538
OOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Danielle Jackson
(Name of Contact Person)
Crash Movement Ministries
(Firm/ Company)
1701 San Pablo Road South Apartment 1223
(Address)
Jacksonville, FL 32224
(City/ State and Zip Code)
nfo@emberglobalvision.org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Danielle Jackson 386 288-4126 at
(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:
S35 Filing Fee U\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Crash Movement Ministries Inc.					
(Name of Corporation as currently filed with th	e Florida	Dept. of State)			
N10000006538					
(Docur	ment Numl	ber of Corporation	n (if known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statut	tes, this <i>Florida</i> i	Not For Profit Corpor	ation adopts th	e following
A. If amending name, enter the new name of th	e corpora	tion:			
Ember Global Vision Inc.					The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ation" or "incorp	oorated" or the abbrev	iation "Corp."	
B. Enter new principal office address, if applica	ahle:	1701 San Pabl	o Road South		
(Principal office address MUST BE A STREET A		Apartment 122	23		
		Jacksonville, F	L 32224		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	PO Box 5020	I		
		JACKSONVII	LE BEACH, FL, 3224	0	<i>₽</i> -
					23 MAR 10
D. If amending the registered agent and/or regi			lorida, enter the name	e of the	210
new registered agent and/or the new register					골
Name of New Registered Agent:	Danielle	S. Jackson		 	<u>,</u>
	1701 San	ı Pablo Road Sou	ıth		37
N P			(Florida street address))	
<u>New Registered Office Address</u>	Jacksonv	rille	,1	Florida 32224	
		(City)	,	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			accept the obligations	of the position.	
, 	Da	melle	Jackson	<u></u>	
		Signature of New	Registered Agent, if ch	anging	

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	PT John Do V Mike Jo SV Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>D</u>	Vanessa W. Jackson	347 SW Kyle Way Lake City, Fl. 32025
x Remove			
2) Change Add	<u>D</u>	Jon C. Jackson	347 SW Kyle Way Lake City, FL 32025
x Remove 3) Change Add x Remove	D	Jason Nave	6965 Fellowship Lane Flowery Branch, GA 30542
4) × Change Add	PTD	Danielle S. Jackson	1701 San Pablo Rd. S. Apt. 1223
Remove			Jacksonville, FL, 32224
5) × Change Add	VD	Carter E, Jackson	1701 San Pablo Rd. S. Apt. 1223
Remove			Jacksonville, FL 32224
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
	NA 1		
	/		
		<u> </u>	

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The date of each amendmen		, if other than the
date this document was signed	l.	
Effective date if applicable:	March 7, 2023	
	(no more than 90 days after amendment file d	(ate)
Note: If the date inserted in t document's effective date on	nis block does not meet the applicable statutory filing require Department of State's records.	irements, this date will not be listed as the

(CHECK ONE)

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

Adoption of Amendment(s)

was/were sufficient for approval.

	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
Dated	03/07/2023
Signature	Danielle Jackson
	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)
	Danielle Jackson
	(Typed or printed name of person signing)
	President, Treasurer, Director
	(Title of person signing)