## N11000011237

(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:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Division of corporations
NAME OF CORPORATION: FAITHWALK MINISTRIES, INC
DOCUMENT NUMBER: N11000011237
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EVANGELIST ERIKA L BROWN
(Name of Contact Person)
FAITHWALK MINISTRIES, INC
(Firm/ Company)
3005 COBBLER SQUARE LANE
(Address)
LAKELAND, FL 33810
(City/ State and Zip Code)
FAITHWAI KMINISTRIESINC@YAHOO COM

## FALL TWALKINING I KIESINGW TATOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVANG. ERIKA L BROWN	√ at (850	702-4660
(Name of Contact Person)	(Area Cod	e & 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 & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) 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

FAITHWALK MINISTRIES INC	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
N11000011237	
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
N/A	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ntion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	3005 COBBLER SQUARE LANE
(Principal office address <u>MUST BE A STREET ADDRESS</u>	) LAKELAND, FL 33810
	001
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE
Internal dances internal day of the Box	5 <b>5</b>
	327 49
	- 1
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	
N/Δ	iduless.
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:
l hereby accept the appointment as registered agent. I am fa	
Signature of New Pagie	stared Agent if 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 Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) X Change	DA	MARTY G BROWN SR	3005 COBBLER SQUARE LANE
Add			LAKELAND, FL 33810
Remove			
2) Change	С	VIRGINIA SHIVERS	4428 WESTOVER DRIVE
Add			TALLAHASSEE, FL 32308
X Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	····		
Add			
Remove			
6) Change			
Add			
Remove			

<ol> <li>If amending or adding additional Art (attach additional sheets, if necessary).</li> </ol>	(Be specific)	<u>rc</u> .	
N/A			
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The da	ate of each amendment(s) adoption: OCTOBER 1, 2012	
	ive date if applicable: OCTOBER 1, 2012	_
	(no more than 90 days after amendment file date)	
Adopti	ion of Amendment(s) ( <u>CHECK ONE</u> )	
	he amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) as/were sufficient for approval.	
	here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.	
	Dated 10/05/2012	
	Signature Julia & BADUSM	
	(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)	_
	ERIKA L BROWN	
	(Typed or printed name of person signing)	
	DIRECTOR/SECRETARY/TREASURER	
	(Title of person signing)	