NII 0000 11723

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(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

SHINING L NAME OF CORPORATION:	IGHT MINISTRY O	F BONIFAY	, INC. 	_	
N11000011723					
The enclosed Articles of Amendment and fee		ng.			
Please return all correspondence concerning the	his matter to the follo	wing:			
Ulli Steiner					
	(Name of Co	ontact Person)	•	
Tax Professional Services, LLC					
	(Firm/ C	Company)			· ·=
1105 W Maple Ave					
, 	(Add	dress)			
Geneva, AL. 36340					
	(City/ State a	and Zip Code)		
ulli@taxprollc.com					
E-mail address: (to	be used for future ar	inual report n	otification	1)	
For further information concerning this matter	r, please call:				
Ulli Steiner		334 at		684-6398	
(Name of Contact	t Person)	(Arc	a Code)	(Daytime Telephone	Number)
Enclosed is a check for the following amount	made payable to the	Florida Depa	rtment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of		Copy al copy is	Certif Certif	Filing Fee scate of Status and Copy scional Copy sed)	
Mailing Address Amendment Section		Street A	Address nent Secti	on	

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

N11000011723		
(Name of Corporation as currently filed with the Fl	orida Dept. of State)	
N11000011723		
(Document	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co" "Company" or "Co." may not be used in the name.	orporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)	71
		20.5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	V)	င်
	<u> </u>	PH 2: 5
		5.
		<u>:r</u>
D. If amending the registered agent and/or register new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		
-	(Flo	rida street address)
New Registered Office Address:		
 -	 -	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent. I		he obligations of the position.
	Signature of New Registe	red 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)

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 Sr	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	ST	Laura Sims	1008 S Waukesha St Bonifay, FL, 32425
x Remove			
2) Change Add	ST	Kamden Nelson	1008 S Waukesha St Bonifav, FL. 32425
Remove 3)Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
		,	

					
	<u> </u>			 -	
-					
					
					
					
					
					
			 .		·
		-			
The date of each amendment(s) adoption date this document was signed.	n:				_, if other than the
Effective date if applicable:					
	(no more than 90 da	ys after amend	ment file date)		
Note: If the date inserted in this block do document's effective date on the Department.	es not meet the applic ent of State's records	cable statutory	filing requiremen	nts, this date will not	be listed as the

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

☐ There are no mem	bers or members entitled to vote on the amendment(s). The amendment(s) was/were
Dated	09/01/2020
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)
	Terry Howell (Typed or printed name of person signing)
	President Juny House (Title of person signing)

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