# N1200001418

(Requestor's Name)				
(Address)				
(Add	dress)			
(City	y/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
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C. LEYNIS

SEP 20 2013

EXAMINIER

### **COVER LETTER**

Division of Corporations Sethel World Missions, Inc. NAME OF CORPORATION: DOCUMENT NUMBER: N1200001418 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) 601 IVOS Dairy Road # HZO1
(Address) Miami, F/ 33179
(City/ State and Zip Code) dinara po 98 @ amail. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \Bigcup \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed)

## **Mailing Address**

1

TO: Amendment Section ..

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

FILED

Bothel WORld	Missia	ns, Inc.	13 SEP 12	AM 8: 1, 8
(Name of Corporation as currently f	iled with the Flor	ida Dept. of State)		
N12000014			SEURETARY I TALLAHASSEE	FE STATE
(Document N	umber of Corporat	ion (if known)	· <del>-</del> -	
Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation	6, Florida Statutes,	, this <i>Florida Not For P</i>	<i>rofit Corporation</i> ado	pts the following
A. If amending name, enter the new name	of the corporatio	<u>n:</u>		
7th Rethel. I	nc.			The new
name must be distinguishable and contain the	e word "corporation	on" or "incorporated" o	or the abbreviation "C	orp." or "Inc."
"Company" or "Co." may not be used in the	<u>e name</u> .			
B. Enter new principal office address, if a		NIF	Υ	***
(Principal office address <u>MUST BE A STRI</u>	EET ADDRESS )	·		
	_			
	-			
C. Enter new mailing address, if applicab		n J	l N	
(Mailing address <u>MAY BE A POST OF I</u>	FICE BOX)	191	+	<del></del>
	_		<u> </u>	
	•	<u> </u>		
D. If amending the registered agent and/or new registered agent and/or the new re	r registered office gistered office ad	<u>address in Florida, en</u> dress:	ter the name of the	
	· .	/ / <u>A</u>		
Name of New Registered Agent:		//-	<del></del>	
<del></del>	//	Novido serve e delicoro	<del> </del>	
New Registered Office Address:	(1	lorida street address)		
	•	//A	Elouido	
_	(City)		, Florida (Zip Code)	
New Registered Agent's Signature, if chan	aina Daalatanad A		•	
New Registered Agent's Signature, it changed the hereby accept the appointment as registered to the control of			obligations of the pos	sition
_				
Signati	ure 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	<u>V</u> <u>Mike</u>	n <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		WIF	Same
Remove			
2) Change Add	<del></del>	W/A	Same
Remove 3) Change Add		N/A	Same
Remove			
4) Change Add		N/4	
Remove			
5) Change Add	<del></del>	M/A	Same
Remove			
6) Change	<del></del>	W/A	Same
Add			
Remove			

(attach additional she	g additional Articles, e ts, if necessary). (Be s	specific)	<u>ie</u> .	
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The date of e	ach amendment(	s) adoption:	June	10,2	013	
	e <u>if applicable</u> :	June	14,2	∕0/3		FILED
		(no mor	e than 90 day.	s after amendn		13 SEP 12 AM 8:49
Adoption of A	Amendment(s)	(CHEC	CK ONE)			SECRETARY UT STATE TALLAHASSEE, FLORIDA e amendment(s)
	ndment(s) was/we sufficient for app	re adopted by the noroval.	nembers and the	he number of v	otes cast for th	e amendment(s)
	e no members or r by the board of di	nembers entitled to rectors.	vote on the ar	nendment(s).	The amendmen	t(s) was/were
	Dated	26/14/	120/3			
	Signature			hound musside	nt or other offi	par if directors
	have no	chairman or vice chairm	an incorporat	or - if in the ha		
	Di	ng Ra	Phine	o		<del></del>
	Chile	e Execu	itive.	person signing)	1	
	ľ	(Title of pers	son signing)	14		