

N1200000001461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

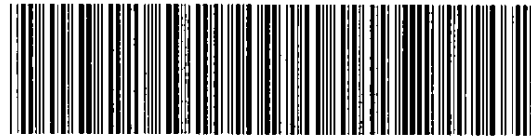
Certified Copies _____ Certificates of Status ☒

Special Instructions to Filing Officer:

Spoke with Dr. Jones on 7/11/17
Concerning corrections to be made
for Name change, which were faxed
to DOS.

8

Office Use Only



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06/21/17--01020--025 **42.75

S TALLENT
JUL 11 2017

N/C

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17 JUL 11 PM 3:51
U.S. DEPT. OF STATE
RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2017

DR. DEVON A JONES
103 SLOGANEER TRL
PALM COAST, FL 32164

SUBJECT: BLESSED HOPE FREE SEVENTH DAY ADVENTIST CHURCH INC.
Ref. Number: N12000001461

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

PLEASE REVIEW DOCUMENT CAREFULLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 717A00012892



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2017

DR. DEVON A JONES
BLESSED HOPE FREE SEVENTH DAY ADVENTIST
103 SLOGANEER TRAIL
PALM COAST, FL 32164

SUBJECT: BLESSED HOPE FREE SEVENTH DAY ADVENTIST CHURCH INC.
Ref. Number: N12000001461

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 517A00011340

BLESSED HOPE FREE SEVENTH-DAY ADVENTIST CHURCH
1310 RED FOX RUN, DELTONA FL 32725
PHONE (386) 597-9611
Djones7230@cfl.rr.com

5/23/17

CORPORATION DOCUMENT NUMBER
N12000001461

The Board of Directors held a meeting on 5/20/17 and it was recommended that we amend the name and location of the current organization to:

"BLESSED HOPE GLOBAL ADEVENT MINISTRY INCORPORATED"
103 SLOGANEER TRAIL PALM COAST FLORIDA 32164
PHONE (386) 864-8227
Djones7230@cfl.rr.com

It was recommended and voted by the board. Thank you for your kind assistance in this amendment.

Yours truly



Dr. Devon A Jones
President

2017
5
23
PM
7:00
EST

1.4 copy

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Blessed Hope Global Advent Ministry

DOCUMENT NUMBER: N12000001461

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DR. DEVON A. JONES
(Name of Contact Person)

(Firm/ Company)

103 SLOQUENCE TRL
(Address)

PALM COAST FL 32164
(City State and Zip Code)

djones7230@cfl.vr.com
(E-mail address: (to be used for future annual report notification))

For further information concerning this matter, please call:

DR. DEVON A. JONES at 386-864-8227
(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

- ☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status 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
Clifton Building
2601 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

BLESSED HOPE FREE SEVENTH DAY ADVENTIST CHURCH INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

11200000 1461

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

BLESSED HOPE GLOBAL ADVENT MINISTRY INC. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp" or "Inc" "Company" or "Co." may not be used in the name

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

103 SLOGANEER TRL

PALM COAST FL.

32164

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

[Signature]

(Florida street address)

New Registered Office Address:

[City]

Florida
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

[Signature]
Signature of New Registered Agent, if changing

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|------------------------------------|-------|-------|---------|
| 1) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 2) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 3) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 4) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 5) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 6) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

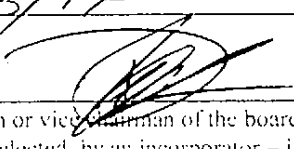
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 6/13/17

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)

DR. DEVON A. JONES
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)