## M12000001614

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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** Unshakeable Ministries, Assemblies of God, Martin County FL Inc. NAME OF CORPORATION N12000001614 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lyssa Phifer (Name of Contact Person) Lyssa Phifer CPA (Firm/ Company) 1327 East Ocean Blvd., Suite 201 (Address) Stuart, FL 34996 (City/ State and Zip Code) lyssa.phifer@lyssaphifercpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lyssa Phifer (Name of Contact Person) 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 enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address **Amendment Section** Amendment Section

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Shakeabe Mint	Stries 1	cles of Incorporation of  Florida Dent of Sta	ies of Good, MC	XIT-
N12000001614	y med with que	Torion Depa of Sur	Courty H	INC
(Documen	t Number of Corp	ooration (if known)		
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat		tutes, this <i>Florida No</i>	t For Profit Corporation adopts	the follo
A. If amending name, enter the new na	me of the corpo	ration:		
				The
name must be distinguishable and contain "Company" or "Co." may not be used in		pration" or "incorpo	rated" or the abbreviation "Corp	o." or "I
B. Enter new principal office address, i	f applicable:	nla		
(Principal office address MUST BE A ST			· · · · · · · · · · · · · · · · · · ·	
			, , , , , , , , , , , , , , , , , , ,	
		•		
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		<u>n lA</u>		<u> </u>
D. If amending the registered agent and	d/or registered e	ffice address in Flor	ide enter the name of the	<del></del>
new registered agent and/or the new			ida, enter the name of the	
Name of New Registered Agent:	Sylvia Go	nzalez		
	1957 SW	Stratford Wa	ау	
New Registered Office Address:		(Florida street addres	s)	
	Palm City	,	. Florida 34990	
	(Ci	<del></del>	(Zip Code)	
New Registered Agent's Signature, if ch	anging Register	ed Agent:		
I hereby accept the appointment as registe	red agent. I am	familiar with and ac	cept the obligations of the position	n.

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change × Add Remove	P	Samual Gonzalez	1957 SW Stratford Way Palm City, FL 34990
2) Change Add Remove		_	
3 ) Change Add Remove		_	
4) Change Add Remove	<u> </u>		
5) Change Add Remove	<u></u>		
6) Change Add Remove			

E. If amending or adding additio	nal Articles, enter cha	nge(s) here:	
E. If amending or adding additio (attach additional sheets, if nece	ssary). (Be specific)		
MA			
<u> </u>			
	,		
			•

The date of each amendment(s) adoption: 5/1/2012
Effective date if applicable: 5/1/2012
(no more than 90 days after amendment file date)
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.
David 06/19/12
Signature Samuel 13 Gz
(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)
<u>Vanvel</u> Conzalez
(Typed or printed name of person signing)
tresdent
(Title of person signing)