11200007663

	l,
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Les Cheveldayo NAME OF CORPORATION:	off Ministries Inc.
N12000007663	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Les Cheveldayoff	
	(Name of Contact Person)
i Ir	
	(Firm/ Company)
17509 Deer Isle Circle	
	(Address)
Winter Garden Florida 34787	
	(City/ State and Zip Code)
les@executivediamond.com	
E-mail address: (to be	used for future annual report notification)
or further information concerning this matter, pl	ease call:
Les Cheveldayoff	954 5999666
(Name of Contact Pe	erson) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	do navuble to the Elevida Department of State:
-	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	tius Certified Copy Certified Copy (Additional copy is enclosed) Certified Copy Certified Copy (Additional Copy is Enclosed)
Malling 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
Talianassee, Pt. 52514	Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Les Cheveldayoff Ministries Inc.		
	ation as currently filed with the Florid	la Dept, of State)
N12000007663		
(1)	ocument Number of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:		Profit Corporation adopts the following
A. If amending name, enter the new name o) of the corporation:	
Halo Highway Inc.	1	The new
name must be distinguishable and contain the "Company" or "Co." may not be used in the i		
B. Enter new principal office address, if app), plicable:	
(Principal office address MUST BE A STREE		
	\{i	
C. Enter new mailing address, if applicable (Mailing address MAY BF, A POST OFF)		
		
D. If amending the registered agent and/or new registered agent and/or the new reg		nter the name of the
new registered agent and/or the new reg		
Name of New Registered Ago	<u>ent</u> :	
		uda street address)
<u>New Registered Office Addi</u>	<u>ress</u> : 	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if change	ing Registered Agent:	
I hereby accept the appointment as registered	11	he obligations of the position.
	Signature of New Register	
	Page 1 of 4	SEP -5 AHASSEE
		PER A II
	1	55 A A

address of each Officer (Attach additional sheets Please note the officer/di P = President; V= Vice I	and/or D , if necess rector titl President, = Chief F	Director being added: sary) le by the first letter of the of the Treasurer; S= Secreta linancial Officer. If an offic	and name of each officer/director being removed and title, name, and flice title: $(TR = Trustee)$; $C = Chairman$ or $Clerk$; $CEO = Chief$ $(TR = Trustee)$ one title, list the first letter of each office
	ves the co	orporation, Sally Smith is n	I John Doe is listed as the PST and Mike Jones is listed as the V. There is named the V and S. These should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove			
2) Change Add			
Remove 3)ChangeAdd			
Remove 4)ChangeAdd			
Remove 5) Change			<u> </u>
AddRemove) 	
6)Change		_	

____Remove

E. <u>If amending or adding additional Articles</u> (attach additional sheets, if necessary). (Be	enter change(s) here:
(Betach additional sheets, if necessary). (Be	specific)
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The date of each amendment(s) adoption:	<u> </u>	if other than the
Effective date <u>if applicable</u> :		
(no i	nore than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be State's records.	listed as the
Adoption of Amendment(s) (CF	ECK ONE)	
☐ The amendment(s) was/were adopted by the was/were sufficient for approval.	he members and the number of votes cast for the amendment(s)	
☐ There are no members or members entitled adopted by the board of directors.	Fto vote on the amendment(s). The amendment(s) was/were	
Dated <u>August</u>	30 2017	
Signature (Ry the chairs to a vice	charman of the board, president or other officer-if directors	
	by an incorporator – if in the hands of a receiver, trustee, or	
other court appointed f	iduciary by that fiduciary)	
Les (Leslie	Chevelda yoff (Typed or printed name of person signing)	
•	Dresident	
	(Title of person signing)	