

N12-000011618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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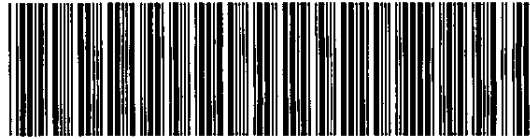
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TALLAHASSEE, FLORIDA

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**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Side By Side Ministries, Inc

**DOCUMENT NUMBER:** N12000011618

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

Please return all correspondence concerning this matter to the following:

Jim Thompson

(Name of Contact Person)

Side By Side Ministries, Inc.

(Firm/ Company)

P. O. Box 757

(Address)

Anthony, FL 32617

(City/ State and Zip Code)

Jim@sbsministries.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Thompson

at

(352) 598-9202

(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 &    ☐ \$43.75 Filing Fee &    ☐ \$52.50 Filing Fee

## Certificate of Status

Certified Copy

## Certificate of Status

(Additional copy is enclosed)

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  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment to  
Articles of Incorporation of

Side By Side Ministries, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N12000011618

(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:

NA

*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)

10240 NE Jacksonville Road

Anthony, FL 32617

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P. O. Box 757

Anthony, FL 32617

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: NA

(Florida street address)

New Registered Office Address:

Florida

(City)

(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 of New Registered Agent, if changing

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2016 JUL 11 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, 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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

NA

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>Change</u> _____	_____	_____	_____
_____ Add			_____
_____ Remove			
2) <u>Change</u> _____	_____	_____	_____
_____ Add			_____
_____ Remove			
3 ) <u>Change</u> _____	_____	_____	_____
_____ Add			_____
_____ Remove			
4) <u>Change</u> _____	_____	_____	_____
_____ Add			_____
_____ Remove			
5) <u>Change</u> _____	_____	_____	_____
_____ Add			_____
_____ Remove			
6) <u>Change</u> _____	_____	_____	_____
_____ Add			_____
_____ Remove			

**E. If amending or adding additional Articles, enter change(s)**  
**here:** *(attach additional sheets, if necessary). (Be specific)*

Article IV, Section 2 Meetings Amended to read: The Board shall meet at least twice annually,  
at an agreed upon time and place.

The date of each amendment(s) adoption: **June 24, 2016** if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_ August 1, 2016 \_\_\_\_\_

*(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 \_\_\_\_\_ July 8, 2016 \_\_\_\_\_

Signature \_\_\_\_\_ Mary Carrel \_\_\_\_\_  
(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)

\_\_\_\_\_  
Mary Carrel  
(Typed or printed name of person signing)

Director  
(Title of person signing)