

N1300000 3093

(Requestor's Name)

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(Address)

(Address)

(City/State/Zip/Phone #)

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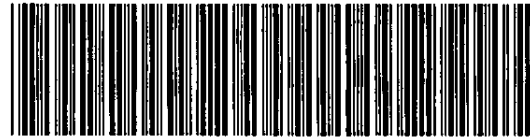
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
 MAY 06 2013

R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INTERNATIONAL CHILDRENS MISSIONS, INC

Name of Corporation

**DOCUMENT NUMBER:** N13000003093

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**DEMETRIUS CRANE**

Name of Contact Person

**SOLDOUT2CHRIST INC**

Firm/Company

**PO BOX 536872**

Address

**ORLANDO, FL 32853**

City/State and Zip Code

**INFO@SOLDOUT2CHRIST.COM**

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

For further information concerning this matter, please call:

**DEMETRIUS CRANE**

Name of Contact Person

at **(407) 892-3439**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**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 CORRECTION

FILED

For

13 APR 30 AM 9:17

INTERNATIONAL CHILDRENS MISSIONS, INC. SECRETARY OF STATE  
Name of Corporation as currently filed with the Florida Dept. of State TALLAHASSEE, FLORIDA

N13000003093

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Articles of Incorporation  
(Document Type Being Corrected)

filed with the Department of State on 04/01/2013  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Registered Agent Name - Timon Willie

PD Name - Timon Willie

VPD Name - Emily Willie

Incorporator Name - Timon Willie

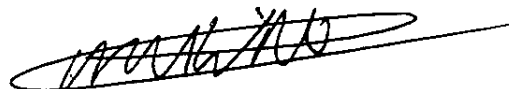
Correct the inaccuracy, incorrect statement, or defect:

Registered Agent Name - Timon Wille

PD Name - Timon Wille

VPD Name - Emily Wille

Incorporator Name - Timon Wille



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Timon Willie

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00