

| (1 | Requestor's Name) | | | |
|---|-------------------------|--------|--|--|
| (/ | Address) | | | |
| (, | Address) | | | |
| (1 | City/State/Zip/Phone #) | | | |
| PICK-UP | WAIT | MAIL | | |
| () | Business Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of S | Status | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Bridge the Gulf Ministries, Inc. | | | | |
|--|--|--|--|--|
| DOCUMENT NUMBER: N13000010624 | | | | |
| The enclosed Articles of Amendment and fee are subr | nitted for filing. | | | |
| Please return all correspondence concerning this matter | er to the following: | | | |
| Wilford McCormick | | | | |
| | (Name of Contact Persor |)) | | |
| Harvest Baptist Church | | | | |
| • | (Firm/ Company) | | | |
| 1051 Arlington Road N | | | | |
| | (Address) | | | |
| Jacksonville, FL 32211 | | | | |
| | (City/ State and Zip Code | e) | | |
| nwilliams@hbch | | | | |
| E-mail address: (to be used | for future annual report i | notification) | | |
| For further information concerning this matter, please | call: | | | |
| Wilford McCormick | _{at (} 904 | 724-8223 | | |
| (Name of Contact Person) | (Area Co | ode & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount made pa | yable to the Florida Depa | rtment of State: | | |
| ■ \$35 Filing Fee | □\$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 | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301 | | |

Articles of Amendment to Articles of Incorporation of



| Bridge the Gulf Ministrie | e Inc | OI. | | PH 69. |
|---|------------------|----------------------------------|---------------------|------------------------|
| (Name of Corporation as currently filed | <u> </u> | rida Dent. of State) | | |
| V13000010624 | | , | | |
| | Number of Co | orporation (if known) | | |
| ursuant to the provisions of section 617.1006, F mendment(s) to its Articles of Incorporation: | lorida Statute | s, this <i>Florida Not For P</i> | rofit Corporatio | n adopts the following |
| . If amending name, enter the new name of t | | | | |
| Bridging the Gulf Ministri | ies, Inc | | | The ne |
| ame must be distinguishable and contain the wo | | tion" or "incorporated" o | or the abbreviation | |
| Company" or "Co." may not be used in the na | <u>:me</u> . | n/a | | |
| B. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u> | | | | |
| rincipui office aduress <u>most be A Street</u> | <u>AUURESS</u>) | | | |
| | | | | |
| 1 Face - 12 - 13 - 15 - 15 - 15 - 15 - 15 - 15 - 15 | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC | E BOX) | n/a | | |
| | | | | |
| | | | | |
| | | | | |
| . If amending the registered agent and/or re | | | ter the name of | <u>the</u> |
| new registered agent and/or the new regist | tered office a | adress: | | |
| Name of New Registered Agent: n/a | | | | |
| | | | | |
| New Registered Office Address: | | (Florida street address) | | |
| | | | Tt mide | |
| | (City) | | , Florida | (Zip Code) |
| low Dogistoned Agent's Simulture 18 -11 | a Dogistans | A mames | | |
| ew Registered Agent's Signature, if changing hereby accept the appointment as registered ag | | | obligations of t | he position. |
| | | | - | |

Page 1 of 4

Signature of New Registered Agent, if changing

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: X Change X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | | |
|----------------------------------|------------------------------|---------------------------------------|--------------|----------|
| Type of Action (Check One) | <u>Title</u> | Name | | Address |
| 1) Change | | n/a | <u></u> | <u> </u> |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| | | | | |
| Remove | | | | |
| 4) Change | | - | <u> </u> | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |
| | | | | |

| E. If amending or adding additional Art (attach additional sheets, if necessary). | (Be specific) |
|--|---------------|
| | |
| n/a | |
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| | e date of each amendment(s) adoption: De e unis document was signed. | cember 1, 2013 | , if other than the |
|------|--|---|---------------------|
| Effe | ective date <u>if applicable</u> : | | |
| | (no more t | han 90 days after amendment file date) | |
| Ado | option of Amendment(s) (CHECK | ONE) | |
| | The amendment(s) was/were adopted by the men was/were sufficient for approval. | nbers and the number of votes cast for the amendment(s) | |
| | There are no members or members entitled to vo | te on the amendment(s). The amendment(s) was/were | |
| | Dated December 1, 2 | 1013 | |
| | Signature & Maria Maria | 12 gr | |
| | (By the chairman or vice chair | man of the board, president or other officer-if directors incorporator – if in the hands of a receiver, trustee, or ry by that fiduciary) | |
| | Wilford McCormic | :k | |
| | | d name of person signing) | |
| | Administrator | | |
| | (Title | of person signing) | |