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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Inside Out Jail Ministries, Incorporated
OOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph Hostetler
(Name of Contact Person)
Inside Out Jail Ministries, Incorporated
(Firm/ Company)
P.O. Box 1164
(Address)
Goldenrod, Florida 32733
(City/ State and Zip Code)
hostetler@outlook.com  E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
or father internation concerning this matter, preuse can.
loseph Hostetler at 407 509-2015
loseph Hostetler at 407 509-2015 (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

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida	Dept. of State)	
Inside Out Jail Ministries, Incorporated		
(Document Numb	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the	e following
A. If amending name, enter the new name of the corpora	ation:	
name must be distinguishable and contain the word "corpora" "Company" or "Co," may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp."	The new for "Inc."
B. Enter new principal office address, if applicable:	3035 36th St.	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	3035 36th St. Orlando, FL 32839	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	70 Box 1164 Goldenrod, FL 3273	-  3
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		<del></del>
Name of New Registered Agent:		<del></del>
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		
<u></u>	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	PT         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) K Change Add	CEO	FISHER, TAMARA L	P.O. Box 1164 Goldenrod, Florida 32733
2) Change Add	0	McElhose, James	P.O. Box 1164 Goldenrod, Florida 32733
Remove 3) Remove Add Remove	_ 0	Fielding, Robert J	P.O. Box 1164 Goldenrod, Florida 32733
4) Change Add	O	Fisher, Brian	P.O. Box 1164 Goldenrod, Florida 32733
Remove  5) Change Add	<u> </u>	Hostetler, Joseph	P.O. Box 1164 Goldenrod, Florida 32733
Change Add	p	Marcinkowski, Robert	P.O. Box 1164 Goldenrod, Florida 32733
E. If amending or additional she		icles, enter change(s) here: (Be specific)	
7) Change	0	Meintosh, Steve Malvin	P.O. Box 1164
			Goldenrod, Florida 32733
8) Change	0	Brodnax, Jenny Jeviler	P.O. Box 1164
			Goldenrod, Florida 32733

9) 🕊 Change	<u>D</u>	Ristau, Chris	P.O. Box 1164	
			Goldenrod, Florida 32733	
M-4-19-17				
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The date of each amendate this document was		doption: December 1, 3019	2020	, if other than the
		cember 1, 2000 20		
Effective date if applic	<u>abie</u> : 1966		fter amendment file date)	<del></del>
		ock does not meet the applicable epartment of State's records.	e statutory filing requirements, this date will not b	e listed as the
Adoption of Amendme	ent(s)	( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were sufficien			number of votes cast for the amendment(s)	

Dated December 1,2019 2020

Signature

(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)

(Typed or printed name of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were