## N14000003323

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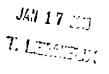
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## COVER LETTER

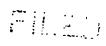
TO: Amendment Section Division of Corporations

Whist NAME OF CORPORATION:	pering Pines Soul Saving	Ministry			
N1400000.	· ·				
DOCUMENT NUMBER:	•				-
The enclosed Articles of Amendment a	nd fee are submitted for	filing.			
Please return all correspondence concer	ming this matter to the fo	ollowing:			
Allie R. Smith					
	(Name of	Contact Person	)		
Office Manager					
	(Firm	n/ Company)			
5096 Tennessee Capital Blvd, Suite 2					
	(.	Address)	-		
Tallahassee, Florida 32303					
	(City/ Sta	ite and Zip Code	)		
alliepsmith60@gmail.com					
E-mail addre	ess: (to be used for future	e annual report n	otification	)	
For further information concerning this	matter, please call:				
Allie Smith		850 at		570-8135	
(Name of C	Contact Person)		a Code)	(Daytime Telepho	ne Number)
Enclosed is a check for the following ar	mount made payable to the	he Florida Depar	tment of S	State:	
<del>-</del>		ed Copy onal copy is	Certifi Certifi	D Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section		Street A	ddress nent Secti	(AD	
Amendment Section		Amenui	いてはん げんしじ	1711	

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Whispering Pines Ministry		2013 111
(Name of Corporation as curr	ntly filed with the Flo	orida Dept. of State)
N14000003323		- · · ·
(Document Nun	ber of Corporation (if I	known)
dursuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not F</i>	For Profit Corporation adopts the following
. If amending name, enter the new name of the corpora	<u>ition:</u>	
Whispering Pines Soul Saving Ministry INC.		The new
ame must be distinguishable and contain the word "corpor Company" or "Co." may not be used in the name.	ration" or "incorporate	
B. Enter new principal office address, if applicable:	5096 Tennessee cap	oital Blvd. Suite 2 Tallahassee, Florida 323t
Principal office address MUST BE A STREET ADDRES:	$\overline{\Sigma}$ ) $\overline{}$	
	-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5096 Tennessee cap	oital Blvd. Suite 2 Tallahassee, Florida 323)
	- <del></del>	<del></del>
D. If amending the registered agent and/or registered of	fice address in Florida	a, enter the name of the
new registered agent and/or the new registered office		
Name of New Registered Agent:		
The state of the s		
	· ·	Florida street address)
New Registered Office Address:	·	, , , , , , , , , , , , , , , , , , , ,
		, Florida
	(City)	(Zip Code)
	,	•
tew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am J		nt the obligations of the position
increase acception of the approximation and as generated agents. I turn y	amma ama ama accep	a the marganism of the position.
	Signature of New Regis	stered 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>s</u>	Pamela Hays	235 Phillips Rd Chattahoochee, Flo
Add			
Remove			
2) Change	TR	Curtis Peterson	Martin Luther King Chattahoochee,
X Add			
Remove 3 ) Change	<u>P</u>	Micheal Robinson	3380 Rockville Rd Bristol, Florida
Add			
X Remove			,
4) Change	T	LuSenda Robinson	3380 Rockville Rd. Bristol Florida
Add			
A Remove			
5) Change	<u>T</u>	Ato Fanti	5096 Tennessee Capital Blvd, Talla
X Add			
Remove			
6) Change	<u>C</u>	Patricia Peterson	Martin Luther King Chattahoochee,
X Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary).—(Be specific)	
ARTICLE III	
To Help Educate and fulfill the unbelieved person, feed the hungry, clothes and help the needy.	
Go in the prison and minister to prisoners, and let it be a light on the world.	
We believe inthe apostle Doctrine According to Acts 2:38.	
<del></del>	
<del></del>	

January 5, 2019	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the members and the number of votes cast for the ame was/were sufficient for approval.	ndment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) we adopted by the board of directors.	as/were
Dated  January 6, 2019  Signature  Signature	
(By the chairman or vice chairman of the board, president or other officer-if have not been selected, by an incorporator – if in the hands of a receiver, truother court appointed fiduciary by that fiduciary)	
Allie R. Smith	
(Typed or printed name of person signing)	
Office Manager	
(Title of person signing)	