N1400000 6919

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	A HONAL OUTREA	CH, INC	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submi	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
RICKY SOUZA			
()	Name of Contact Pers	on)	
Souza's Tax & Accounting Professionals Inc			
	(Firm/ Company)	- · · - · - · · · · · · · · · · · ·	
6239 Edgewater Drive, Suite D-01			
	(Address)		
Orlando, FL 32810			
((City/ State and Zip Co	de)	
INFO@SOUZATAX.COM			
E-mail address: (to be used f	or future annual repor	t notification)
For further information concerning this matter, please ca	all:		
ESPERANZA LOWMAN)7	448-8744
(Name of Contact Person)	at (;	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pays	able to the Florida De	partment of !	State:
■ \$35 Filing Fee □S43.75 Filing Fee & □Certificate of Status	iS43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section	Amer	t Address idment Secti	

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

28 01 1-9 17112:18

THE ROCK INTERNATIONAL OUTREACH, INC (Name of Corporation as currently filed with the Florida Dept. of State) N14000006919 (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: 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: 384 WILSHIRE BLVD (Principal office address MUST BE A STREET ADDRESS) CASSELBERRY, FL 32707 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (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

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 De V Mike Je SV Sally Se	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
1) <u>< Change</u> Add	<u>P,D</u>	JIMMIE LOWMAN	1435 GLENMORE DIVE APOPKA FL 32712
Remove			
2) × Change Add	VP.T.D	ESPERANZA LOWMAN	1435 GLENMORE DIVE APOPKA FL 32712
Remove	<u>S,D</u>	JIMMIE LOWMAN III	1435 GLENMORE DIVE APOPKA FL 32712
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		,	
Remove	o oddala o bosa	Page 2 of 4	
f., H amending or addin (attach additional shee		<u>cles, enter change(s) here</u> : (Be specific)	

	
	
	
Page 3 of 4	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (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 no document's effective date on the Department of State's records.	t 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 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
	Signature X
	(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)
	ESPERANZA LOWMAN
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)