N14 COCCOO 7107

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

| TO: Amendment Section Division of Corporations | | | et ••* |
|---|------------------------------|--|----------------------|
| 27 Composition of Compositions | | | . " |
| NAME OF CORPORATION: Blood of Jesus Mi | inistry, INC | | |
| N14000007107 | | | |
| DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee are st | ubmitted for filing. | | |
| Please return all correspondence concerning this ma | atter to the following: | | |
| Frank M Smith | | | |
| | (Name of Contact Perso | n) | |
| Blood of Jesus Ministry, INC | | | |
| | (Firm/ Company) | | |
| 4709 Mahogany Court | | | |
| | (Address) | | |
| Land O Lakes, FL 34639 | | | |
| | (City/ State and Zip Cod | le) | |
| frankmaxsmith@gmail.com | | | |
| E-mail address: (to be us | sed for future annual report | notification) | |
| For further information concerning this matter, plea | ase call: | | |
| | at | | |
| (Name of Contact Pers | | rea Code) (Dayti | me Telephone Number) |
| Enclosed is a check for the following amount made | payable to the Florida Dep | artment of State: | |
| \$35 Filing Fee \$33.75 Filing Fee & Certificate of Statu | | □\$52.50 Filing Certificate of Certified Copy (Additional Copy Enclosed) | Status y |
| Mailing Address Amendment Section | | Address Iment Section | |
| Division of Corporations | | on of Corporations | |
| P.O. Box 6327 | | entre of Tallahas | see |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Blood of Jesus Ministry, INC

| (Name of Corporation as currently filed with the F | lorida Dept. of State) | |
|--|---------------------------------|---|
| L14000007107 | | |
| (Documen | t Number of Corporation (if kr | nown) |
| Pursuant to the provisions of section 617,1006, Floridamendment(s) to its Articles of Incorporation: | a Statutes, this Florida Not Fo | r Profit Corporation adopts the following |
| A. If amending name, enter the new name of the co | orporation: | |
| name must be distinguishable and contain the word "c "Company" or "Co," may not be used in the name. | corporation" or "incorporated | The new or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u> | | |
| C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u></u> | |
| D. If amending the registered agent and/or registenew registered agent and/or the new registered | | enter the name of the |
| Name of New Registered Agent: | | |
| | (F) | orida street address) |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. | | the obligations of the position. |
| | Signature of New Registo | ered 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 Do Mike Jo Sally St | <u>ones</u> | |
|--|------------------------------|--------------------------------|--|--|
| Type of Action (Check One) | Title | | <u>Name</u> | Address |
| 1) Change Add | D | _ | Chad Daniel | 196 Autumn Brook Lane Jacksboro, TN 34457 |
| Remove | | | | |
| 2) Change Add | | _ | | |
| Remove 3) Remove Add Remove | | _ | | |
| 4) Change Add | | | | |
| Remove | | | | |
| 5) Change Add | | - | | |
| Remove | | | | |
| 6) Change Add | | _ | | |
| Remove | | | | |
| E. If amending or addin (attach additional shee | | | icles, enter change(s) here: (Be specific) | |
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| The date of each amendment(s) adoption | n:, if other than the |
| date this document was signed. | |
| | |
| Effective date if applicable: | (no more than 90 days after amendment file date) |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this block doe document's effective date on the Departme | s not meet the applicable statutory filing requirements, this date will not be listed as the out of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| | |
| The amendment(s) was/were adopted was/were sufficient for approval. | by the members and the number of votes cast for the amendment(s) |

| | nembers or members entitled to vote on the amendment(s). The amendment(s) was/were board of directors. |
|-----------------|---|
| Dated Signal | T/M X 1 |
| C | (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) Frank M Smith |
| | (Typed or printed name of person signing) |
| | VC |
| | (Title of person signing) |