N14000007764

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C. GOLDEN JUN 17 2020

COVER LETTER

TO: Amendment Section Division of Corporations

DIVINE AND SACRED HEALING MINISTRIES FOR HEALTH INC. NAME OF CORPORATION:		
DOCUMENT NUMBER:N14000007764		
The enclosed Articles of Amendment and fee a		
Please return all correspondence concerning thi	is matter to the following:	
Michael John Badanek		
	(Name of Contact Person)	
DIVINE AND SACRED HEALING MINIS	STRIES FOR HEALTH INC.	
	(Firm/ Company)	
P.O. Box 10		
	(Address)	
Silver Springs, Florida 34489-0010		
	(City/ State and Zip Code)	
kingfrog 0@cox.net		
E-mail address: (to b	be used for future annual report notification)	
For further information concerning this matter,	please call:	
Michael John Badanek PRES./C.E.O.	352-502-3169 352-502-3169	
(Name of Contact		
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:	
☐ \$35 Filing Fee ■\$43.75 Filing F Certificate of \$		
Mailing Address Amendment Section	Street Address Amendment Section	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	

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



DIVINE AND SACRED HEALING MINISTRIES FOR HEALTH INC.

N14000007764				
(Documer	nt Number	of Corporation (if l	known)	
Pursuant to the provisions of section 617,1006, Florid imendment(s) to its Articles of Incorporation:	la Statutes,	this Florida Not F	or Profit Corporation adopts the	following
A. If amending name, enter the new name of the c	corporation	<u>n:</u>		
N/A				The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporatio	n" or "incorporate	d" or the abbreviation "Corp." c	
B. Enter new principal office address, if applicabl	le:	N/A		
Principal office address <u>MUST BE A STREET AD</u>				
	_	· · · · · · · · · · · · · · · · · · ·		
	_			-
Enter new mailing address, if applicable:	av.	N/A		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>(),(</u>)	. <u>-</u>		
	_			-
	-			
). If amending the registered agent and/or registe	ered office	address in Florida	L enter the name of the	
new registered agent and/or the new registered				
Name of New Registered Agent:	N/A			
_		(F	lorida street address)	
New Registered Office Address:	N7/4			
_	N/A	(1)		
		(City)	(Zip Code)	
Sew Registered Agent's Signature, if changing Re				
hereby accept the appointment as registered agent.	1 am fami	tiar with and accep	t the obligations of the position.	
	Sign	ature of New Regis	tered 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 Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	VP	Wendy Faith Steffensmeier	4221 SE 46th Street Ocala, Florida
Remove			34480
2) Change Add			
Remove 3)			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		· · · · · · · · · · · · · · · · · · ·	
Remove			
E. If amending or addir (attach additional shee	ng additional Arti ets, if necessary).	icles, enter change(s) here: (Be specific)	

		
		
		
,		
		
		<u>. </u>
The date of each amendment(s) adoption: _date this document was signed.	May 1, 2020	_, 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 n document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	oe listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes east for the amendment(s)	

=	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 O5-01-2020 Signature Methid She Bolomb PRES. /C. F.O. 5/1/2020
	(By the chairman of 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)
	Michael John Badanek: Pres./C.E.O.
	(Typed or printed name of person signing)
	PRESIDENT/C.E.O.
	(Title of person signing)