

N14 00008687

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000244442 3)))



H240002444423ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : ACCOUNTING AND MORE SERVICES INC
Account Number : I2022000172
Phone : (407)846-4810
Fax Number : (407)944-4810

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2024 JUL 22 PM 3:57

2024 JUL 22 AM 9:14

FILED

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
MOVIMIENTO PROFETICO NOB MINISTRIES (CHURCH AND
COMM**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00



July 18, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MOVIMIENTO PROFETICO NOB MINISTRIES (CHURCH AND COMMUNI
500 PINNACLE COVE BLVD
101
ORLANDO, FL 32824

SUBJECT: MOVIMIENTO PROFETICO NOB MINISTRIES (CHURCH AND COMMUNITY
OURTREACH) INC
REF: N14000008687

2024 JUL 22 AM 9:44

FILED

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The first page of the amendment was missing from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline FAX Aud. #: H24000244442
Regulatory Specialist II Supervisor Letter Number: 724A00015795

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MOVIMIENTO PROFETICO NOB MINISTRIES (CHURCH AND COMMUNITY OURT

DOCUMENT NUMBER: N14000008687

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KINARD, RAFAEL M

(Name of Contact Person)

MOVIMIENTO PROFETICO NOB MINISTRIES

(Firm/ Company)

3199 CRISPIN CIR

(Address)

saint cloud, FL 34773

(City/ State and Zip Code)

info@nadiesabemas.com

E-mail address: (to be used for future annual report notification)

2024 JUL 22 PM 9:44

FILED

For further information concerning this matter, please call:

Kinard Rafael

(Name of Contact Person)

at

407

(Area Code)

739-5210

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

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

MOVIMIENTO PROFETICO NOB MINISTRIES (CHURCH AND COMMUNITY OURTREACH) INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N14000008687

(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:

MOVIMIENTO APOSTOLICO PROFETICO (MAP) INC

The new

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:

*(Principal office address **MUST BE A STREET ADDRESS**)*

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

2024 JUL 22 AM 9:44

FILED

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: _____

(City)

Florida

(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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

2024 JUL 22 PM 9:14

FILED

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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 07/18/2024

Signature Rafael M. Kinard

(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)

Rafael M Kinard
(Typed or printed name of person signing)

President
(Title of person signing)

2024 JUL 22 AM 9:44

FILED