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COVER LETTER

TO: Amendment Section
Division of Corporations

•
NAME OF CORPORATION: FAMILY OF JESUS MINISTRIES INC.
DOCUMENT NUMBER: N14000010117
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DON H. WAGNER
(Name of Contact Person)
FAMILY OF JESUS MINISTRIES INC.
(Firm/ Company)
409 PALM AVENUE
(Address)
COCOA, FLORIDA 32922
(City/ State and Zip Code)
FAMILYOFJESUS1@YAHOO.COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DON H. WAGNER (Name of Contact Person) at (321) 213-7268 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(Additional Copy is Enclosed)

Articles of Amendment to Articles of Incorporation of

FILED

15 APR -8 AH 10:59

FAMILY OF JESUS MINISTRIES INC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of Corporation as currently fi	led with the Florida Dept. of State)	TALLAHASSEE, FLOR
N14000010117		
(Досите	nt Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name	of the corporation:	
		The new
name must be distinguishable and contain the <u>"Company" or "Co." may not be used in the</u>	word "corporation" or "incorporated" or the name.	e abbreviation "Corp." or "Inc."
		
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		
· • • • • • • • • • • • • • • • • • • •		
C. Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFF		
	registered office address in Florida, enter t	he name of the
new registered agent and/or the new res	gistered office address:	
Name of New Registered Agent:		
Now Province and Office Address	(Florida street address)	
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang		
l hereby accept the appointment as registered	agent. I am familiar with and accept the obli	gations 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	V <u>Mik</u>	n Doc te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	MICHELLE MCMILLON	6555 GRISSOM PKWY
Add X Remove			COCOA, FLORIDA 32927
2) Change	<u>s</u>	KARL MCMILLON	6555 GRISSOM PKWY
Add			COCOA, FLORIDA 32927
$\frac{X}{X}$ Remove	<u>vs</u>	CHRISTOPHER WAGNER	3306 PHILLIP LANE
Add			COCOA, FLORIDA 32926
Remove 4) Change	<u>v</u>	STEVEN RUSE	1240 OVERLOOK TERR
X Add			TITUSVILLE, FLORIDA 32780
5) Change	Т	ANDRIA RUSE	1240 OVERLOOK TERR
X Add			TITUSVILLE, FLORIDA 32780
Remove			
6) Change	<u></u>		
Add			
Remove		_	

If amending or adding additional Articletach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) adoption: 04/02/2015			, if other than the
	date this document was signed. Effective date if applicable: 04/02/2015		
		(no more than 90 days after amendment file date)	
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
É	The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
	There are no members or adopted by the board of		
	Dated <u>04/</u>	02/2015	
	Signature		
	(By the	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	DON H	I. WAGNER	
(Typed or printed name of person signing)			
	PRESI	DENT	
	···	(Title of person signing)	