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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	Our Redeemer Eternally, Inc.	c.	
N140000 DOCUMENT NUMBER:	0287		
The enclosed Articles of Amendment	and fee are submitted for filing	g.	
Please return all correspondence conce	rning this matter to the follow	ring:	
Charletha D. Powell			
	(Name of Cor	ntact Person)	
Christ Our Redeemer Eternally Minist	ries, Inc.		
	(Firm/ Co	ompany)	
1249 S. Old Corry Field Road			
***************************************	(Addı	ress)	
Pensacola, FL 32507			
	(City/ State ar	nd Zip Code)	
pastorlsp@gmail.com			
E-mail addr	ess: (to be used for future ann	ual report notification	n)
For further information concerning this	matter, please call:		
Lawrence S. Powell		850	454-7143
(Name of	Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following a	mount made payable to the Fi	orida Department of	State:
	5 Filing Fee & \$\sum \$\\$43.75 Filing cate of Status	opy Certificopy is Certific	0 Filing Fee icate of Status ied Copy tional Copy is esed)
Mailing Adduses		Stuant Addmony	

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

Articles of Amendment to Articles of Incorporation of

FILED

(Name of Corporation as currently filed with the Florida Dept. of State) Christ Our Redeemer Eternally, Inc. (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: Christ Our Redeemer Eternally Ministries, Inc. 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A 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: XChange X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>s</u>	Mayra Williams	400 Brigadier Street
Add			Pensacola, FL 32507
X Remove			·
2) Change	<u>s</u>	Maria Cole	8922 Mars Drive
X Add			Pensacola, FL 32507
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)					
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9 , -00						

The	date of each amendment(s) adoption:	_, if other than the
	this document was signed.	
	6/4/2015	
Effe	ctive date if applicable:	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not liment's effective date on the Department of State's records.	be listed as the
Ada	ption of Amendment(s) (<u>CHECK ONE</u>)	
	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.	
	6/4/2015 Dated	
	Signature harlthard Fordl	
	(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)	
	Charletha D. Poweil	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	