NECOCEAY

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	WAIT M	AIL
(Bt	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status _	
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DEC 11 2018 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: J 19 Ministries Foundation, Inc.
DOCUMENT NUMBER: N 1500005644
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Mike Whyard (Name of Contact Person)
J1'9 Ministries Foundation, Inc. Presiden (Firm/Company)
P.O. BOX 600492 (Address)
ST JOHNS, FL 32260 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MIKE WHYARD at 904 710-1834 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Scrifficate of Status Certificate Opy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

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J1:9 MINISTRIE	S FOUND	DATION, INC. Florida Dept. of State)
115000056		riorida Dept. of State)
	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida No</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
name must be distinguishable and contain the word "corp." Company" or "Co." may not be used in the name.	poration" or "incorpor	The new ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS</u>)	
C. Enter new mailing address, if applicable:		TS EE FI
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		555 3 T
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		ida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I are		vept the obligations of the position.
	Signature of New Re	gistered 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>Doe</u> Jones <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)	TD	Mike Hurst, Sr.	5150 RelFort Road BLOG. 100 Tacksonville, FL 32250
2) Change Add Remove	SD	Richard Ramsey	5150 BelFort Road BLDG. 100 Jacksonville, FL 3225
3) _X_ Change Add Remove		Claudine Owen	5150 Belfort Road BLDG.100 Jacksonville, FL 3225
4) Add Remove	D_	Annette Crowell	5150 BelFort Road BLDG. 100 Jacksonville, FL 32:
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
(anden dudinonal sneets, y necessary).	(be specific)	
	·	
		

	this document was signed.
Effe	(no more than 90 days after amendment file date)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
Ado	ption of Amendment(s) (CHECK ONE)
À	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.
	Dated November 27, 2018
	Signature Mhe which (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)
	(Typed or printed name of person signing)
	President (Title of person signing)