

N150000005821

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: No Limitation Ministries, Inc.
DOCUMENT NUMBER: N15000005821

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)
Tamptax
(Firm/ Company)
309 W. M. L. King Blvd.
(Address)
Tampa, FL 33603
(City/ State and Zip Code)
No Limitation Ministries @ yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Cole at 813-237-5567
(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 | ☒ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

No Limitation Ministries, Inc.

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

N15000005821

(Document Number of Corporation (if known))

RECEIVED
DIVISION OF CORPORATE
2015 JUN 26 AM 10:52

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:

No Limitations Ministries, 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)

9434 Forrest Hill Circle

Tampa, FL 33612

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9434 Forrest Hill Circle

Tampa, FL 33612

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:

Malcolm Wilcox, Sr.

9434 Forrest Hill Circle

(Florida street address)

New Registered Office Address:

Tampa

(City)

Florida

33612

(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.

Malcolm Wilcox, Sr.

Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

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.

X_Change

PT

John Doe

X Remove

$$\overline{v}$$

Mike Jones

X Add

SV

Sally Smith

Title

Name

Address

- | | | | |
|--|-------------------|---|---|
| 1) ☒ Change
☐ Add
☐ Remove | <u> </u> | <u>Malcolm Wilcox, Sr.</u> | <u>9434 Forrest Hill Circle</u>
<u>Tampa, FL. 33612</u> |
| 2) ☒ Change
☐ Add
☐ Remove | <u>T</u> | <u>Tracie Wilcox</u> | <u>9434 Forrest Hill Circle</u>
<u>Tampa, FL. 33612</u> |
| 3) ☒ Change
☐ Add
☐ Remove | <u>V</u> | <u>Randall Nelson</u> | <u> </u>
<u> </u>
<u> </u> |
| 4) ☒ Change
☐ Add
☐ Remove | <u> </u> | <u>Malcolm Wilcox, Jr.</u> | <u>9434 Forrest Hill Circle</u>
<u>Tampa, FL. 33612</u> |
| 5) ☐ Change
☐ Add
☐ Remove | <u> </u> | <u> </u> | <u> </u>
<u> </u>
<u> </u> |
| 6) ☐ Change
☐ Add
☐ Remove | <u> </u> | <u> </u> | <u> </u>
<u> </u>
<u> </u> |

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 6-15-2015
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 6-15-2015

Signature Malcolm Wilcox, Sr.

(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)

Malcolm Wilcox, Sr.

(Typed or printed name of person signing)

Pres.

(Title of person signing)