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R. WHITE

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATI	RealOrange Internatio	nal Ministries, Inc.		
POCHMENT MINABED	N15000006422			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are submi	tted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
Ann Peterson				
	(1	Name of Contact Pe	rson)	
RealOrange International M	linistries, Inc.			
		(Firm/ Company)	
PO Box 1733				
		(Address)		
Orlando, FL 32802				
	((City/ State and Zip (Code)	
realorange@realorange.org				
E	-mail address: (to be used for	or future annual rep	ort notification	
For further information conc	erming this matter, please ca	dl:		
Ann Peterson		at	239	849.2089
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made paya	able to the Florida D	epartment of S	tate:
\$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	\$43.75 Filing Fee a Certified Copy (Additional copy is enclosed)	Certific	Filing Fee cate of Status ed Copy ional Copy is sed)

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

17 JAN -9 PM 3: 22

		и м
		th the Florida Dept. of State)
RealOrange International Ministries, Inc.	N15000006422	
	(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 617.19 amendment(s) to its Articles of Incorporation		ida Not For Profit Corporation adopts the followin
A. If amending name, enter the new nar	ne of the corporation:	
		The nev
name must be distinguishable and contain "Company" or "Co." may not be used in	the word "corporation" or "in t <mark>he name</mark> .	corporated" or the abbreviation "Corp." or "Inc.'
B. <u>Enter new principal office address, if</u> (Principal office address <u>MUST BE A ST</u>		
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>		
D. If amending the registered agent and new registered agent and/or the new	or registered office address i	n Florida, enter the name of the
Name of New Registered	Agent:	
Nov. Parintenal Office	4 dd	(Florida street address)
New Registered Office	<u>taaress</u> .	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if ch. I hereby accept the appointment as registe.		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: X Change X Remove X Add	<u>V</u> <u>N</u>	ohn Doe 1ike Jones ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
i) Change	SD	Christina DeCamara	PO Box 446
Add			Mango, FL 33550
X Remove			
2) Change	SD	Steve Kolody	3625 Hidden Tree Lane
X Add			Apt. # 130
Remove			Fort Myers, FL 33901
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheet	(attach additional sheets, if necessary). (Be specific)					
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Fhe	e date of each amendment(s) adoption:	if other than the
date	e this document was signed.	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nument's effective date on the Department of State's records.	ot be listed as the
Ada	option 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.	
	Dated December 31, 2016	
	Signature	·
	(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	
	Ann Peterson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	