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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Division of Corporations						
NAME OF CORPORATIO	Breach Ministries, In	corporated				
N DOCUMENT NUMBER:	115000007826					
The enclosed Articles of Ame		oitted for filing				
The choised Ameres by Ame	nament and the are such	inted for ming.				
Please return all corresponden	ce concerning this matte	r to the following:				
Clifton Hurd						
<del> </del>		(Name of Contact	Person)			
Breach Ministries, IncDrpC	rated			•		
		(Firm/ Compa	ny)		······ · · · · · · · · · · · · · · · ·	
1399 Shipwreck Lane						
		(Address)				
St. Cloud, FL. 34771						
		(City/ State and Zi	p Code)			
cliftonh2003@yahoo.com						
E-1	mail address: (to be used	for future annual r	eport no	tification	)	
For further information conce	rning this matter, please	call:				
Clifton Hurd			40 <b>7</b>		733-7980	
(	Name of Contact Person)			(Code	(Daytime Tel	ephone Number)
Enclosed is a check for the fo	llowing amount made page	yable to the Florida	a Depart	ment of S	State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	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** Articles of Incorporation

Article	s of Amendment	F3
Articles	of Incorporation	
اما	of	
Breach Ministries Incorpor CHCO		ept. of State)
(Name of Corporation as curren	tly filed with the Florida De	ept. of State)
V15000007826		,
(Document Numb	er of Corporation (if known)	
ursuant to the provisions of section 617.1006, Florida Statute mendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profi</i>	
. If amending name, enter the new name of the corporati	ion:	
ame must be distinguishable and contain the word "corporate Company" or "Co," may not be used in the name.	tion" or "incorporated" or ti	The new abbreviation "Corp." or "Inc."
	1399 Shipwreck Lane	
<ul> <li>Enter new principal office address, if applicable:</li> <li>Principal office address MUST BE A STREET ADDRESS )</li> </ul>		
nncyu ojjice uuuress <u>most be A STREET ADDRESS</u> j	Saint Cloud, FL. 34771	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 541508	
	Orlando, FL 32854	
<ol> <li>If amending the registered agent and/or registered office a new registered agent and/or the new registered office a</li> </ol>		the name of the
	A PARTIE AND A PAR	
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	(Florida st	reet address)
		. Florida
<del> </del>	(City)	(Zip Code)
	•	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai		ligations of the northing
петеоу ассері іне арропитені аз гедізіегей адені. Тат јаі	нтыг жин ини иссері іне 00	ngunons of the position.
	· · · · · · · · · · · · · · · · · · ·	
Si	ignature of New Registered A	geni, 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 <math>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>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	Kimberly Diaz	2168 Continental Street
Add			Saint Cloud, FL 34769
x Remove			
2) Change	T	Kimberly Diaz	2168 Continental Street
Add			Saint Cloud, FL 34769
x Remove	т	Luis Alvira III	1399 Shipwreck Lane
3 ) Change X Add			St. Cloud, FL 34771
Remove			
4) Change	<b>v</b>	Luis Alvira III	1399 Shipwreck Lane
x Add	<del></del>		St. Cloud, FL 34771
Remove			
5) Change	<u>s</u>	Rosie Diaz	2538 Davenport Circle
X Add			Kissimmee, FL 34746
Remove			***************************************
6) Change			
Add			
Remove		D 444	

If amending or adding additional Ar (attach additional sheets, if necessary).	(Be specific)				
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The	date of each amendment(s) adoption:	, if other than the
date	this document was signed.	
Effe	ective date if applicable: Nowwher 7, 2016	
	(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 not ument's effective date on the Department of State's records.	be listed as the
Ada	option 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 /3/38///	
	Signature	
	(By the chairman br 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)	
	Cliffon Hurd	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	