## N15000008185

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
NOV 16 2024

Office Use Only



000438666640

10/28/24--01021--016 ++35.60



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Project Resto NAME OF CORPORATION:	re Ministries Inc.
N15000008185	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Marilyn H. Johnson	
	(Name of Contact Person)
Project Restore Ministries Inc.	
<del></del>	(Firm/ Company)
P.O. Box 66087	
	(Address)
Jacksonville, FL 32208	
	(City/ State and Zip Code)
mjohnson@restoretoday.org	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter.	. please call:
Marilyn H. Johnson	904 629-2023 at
(Name of Contact	
Enclosed is a check for the following amount t	nade payable to the Florida Department of State:
■ \$35 Filing Fee □S43.75 Filing Fee Certificate of \$	
Mailing Address	Street Address
Amendment Section	Amendment Section

**Division of Corporations** 

Tallahassee, FL 32303

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

## Articles of Amendment to **Articles of Incorporation** of

Project Restore Ministries Inc.

FILED 2024 OCT 28 PM 1:50

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

N15000008185		F 37.17
(Document N	Number of Corporation (if known)	1 1 1 1 1 1
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit C	Corporation adopts the followin
A. If amending name, enter the new name of the corp	poration:	
		The nev
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the c	ahbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	PESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	) <u> </u>	
	-	
D. If amending the registered agent and/or registered		e name of the
new registered agent and/or the new registered of	fice address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street	address)
		Florida
_ <del></del>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent:	
I hereby accept the appointment as registered agent. I d		ations of the position.
	Signature of New Registered Ager	nt if charaina
	Signature of their registered riger	n, y 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	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	DT	Melissa Hong	223 Windswept Way St. Augustine, FL 32092
Remove			
2) Change Add	DP	Edmond M. Williams	2016 Oak Knoll Ct. Jacksonville, FL 32218
X   Remove	DT	Nathan McCardle	12763 Oxford Crossing Dr. Jacksonville, FL 32224
4) Change Add		<del></del>	
Remove			
5) Change Add		_	
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	

	_
	<del></del>
<del> </del>	
The date of each amendment(s) adoption:ate this document was signed.	if other than th
Effective date if applicable:	
(no more than 90 days after amendmen	nt file date)
tote: If the date inserted in this block does not meet the applicable statutory filing	ng requirements, this date will not be listed as the

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.

Signature Marchairman or vice chairman of the board, president or other officer-if direct
have not been selected, by an incorporator – if in the hands of a receiver, trustee
other court appointed fiduciary by that fiduciary)
Marilyn H. Johnson
(Typed or printed name of person signing)
Executive Director
(Title of person signing)