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TO: Amendment Section

Division of Corporations	
INSPIRENCY	v, INC.
-	
DOCUMENT NUMBER: N15000009707	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Karla Renee Bennett	
	(Name of Contact Person)
Management Experts, Inc	
	(Firm/ Company)
601 W Main Street	
	(Address)
Avon Park, FL 33825	
	(City/ State and Zip Code)
renec@managementexperts.com; lavoria@ma	nagementexperts.com
•	be used for future annual report notification)
For further information concerning this matter,	please call:
KEVIN H. O'LEARY	863 452-0101
(Name of Contact	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Certificate of S	Fee & S43.75 Filing Fee & S52.50 Filing Fee Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address Amendment Section
Amendment Section Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassec, FL 32314	Clifton Building 2661 Executive Center Circle
fananassee, fir 343 fa	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

INSPIRENOW, INC.		
(Name of Corporation as co	urrently filed with the Florid	la Dept, of State)
(Document)	Number of Corporation (if kno	
Pursuant to the provisions of section 617,1006, Florida S amendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the corp	oration:	
CHAD VARGA MINISTRIES, INC		2 Ch.,
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated"	or the abbreviation "Corp" or "Inc."
B. Enter new principa Loffice address, if applicable:	CHAD VARGA MINI	STRIES, INC
(Principal office address <u>MUST BE A STREET ADDRI</u>	ESS) 7401 E Northland Dr U	nit 10
	Scottsdale, AZ 85251	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	CHAD VARGA MINE	STRIES, INC
	PO Box 2114	:
	Scottsdale, AZ 85252	
D. If amending the registered agent and/or registered	office address in Florida, en	iter the name of the
new registered agent and/or the new registered of f	ice address:	
Name of New Registered Agent: Mana	ngement Experts, Inc	
601 V	V Main Street	
New Registered Office Address:	(Floru	la street address)
	N PARK	. Florida 33825
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I are	red Agent: n familiar with and accept the	obligations of the position.
	Signature of New Registere	d Agent, if changing

Page 1 of 4

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, F- Treasurer, S- Secretary, D- Director, FR= 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, Freasurer, 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John D V Mike John S SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>l'itle</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Chanus			
6) Change			
Add			
Remove			

lf amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
<u>,,</u>	
<u> </u>	
	
<u> </u>	
·	
N 1	

	10/15/2018			_, if other than the
The date of each amendment(s) add date this document was signed.	ption:			
	/2018			
Effective date <u>if applicable</u> :	(no more than	90 days after amendm	ent file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the artment of State's re-	applicable statutory file cords.	ing requirements, this date will no	ot be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>(E)</u>		
The amendment(s) was/were adwas/were sufficient for approval	opted by the member	rs and the number of ve	otes cast for the amendment(s)	
☐ There are no members or members adopted by the board of directors		on the amendment(s). T	The amendment(s) was/were	
Dated 10/15/2018		<u>/</u>		
have not bee	man or vice chairman in selected, by an incorpointed liduciary b	forporator – if in the ha	nt or other officer-if directors ands of a receiver, trustee, or	
CHADA	'ARGA			
	(Туре	ed or printed name of p	erson signing)	
MANAC	ING MEMBER	P		
		(Title of person:	signing)	

* 1