

# NISOURCE

**Florida Department of State  
Division of Corporations  
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(((H17000239269 3)))



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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : LEGALZOOM.COM INC.  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
FAITH BASED REVENUE CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	06
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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September 7, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FAITH BASED REVENUE CORP.  
5480 DEER CREEK DR  
ORLANDO, FL 32821

SUBJECT: FAITH BASED REVENUE CORP.  
REF: N15000010595

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell FAX Aud. #: H17000239269  
Regulatory Specialist II Supervisor Letter Number: 017A00018518

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FAITH BASED REVENUE CORP.

**DOCUMENT NUMBER:** N15000010595

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

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

(Name of Contact Person)

Legalzoom.com, Inc.

(Firm/ Company)

101 N. Brand Blvd., 11th Floor

(Address)

Glendale, CA 91203

(City/ State and Zip Code)

kevin@faithbasedrevenue.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley at 800 773-0888 ext. 9724  
(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.

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

17 OCT -9 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDAArticles of Amendment  
to  
Articles of Incorporation  
of

FAITH BASED REVENUE CORP.

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

N15000010595

(Document Number of Corporation (if known))

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:

Heros In Fidelis Corporation

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)

2668 Shinoak Dr

Orlando, FL 32837

C. Enter new mailing address, if applicable:(Mailing address MAY BE A POST OFFICE BOX)

PO Box 136643

Clermont, FL 34713

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:

Joa Winter

2668 Shinoak Dr

(Florida street address)

New Registered Office Address:

Orlando

(City)

Florida 32837

(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.

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>KEVIN G HARP</u>	<u>5480 Deer Creek Dr.</u>
<input type="checkbox"/> Add			<u>Orlando, FL 32821</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>S</u>	<u>ERIN GORDON</u>	<u>5480 Deer Creek Dr.</u>
<input type="checkbox"/> Add			<u>Orlando, FL 32821</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>T</u>	<u>CAROL H HARP</u>	<u>5480 Deer Creek Dr.</u>
<input type="checkbox"/> Add			<u>Orlando, FL 32821</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>TR</u>	<u>KEVIN G HARP</u>	<u>5480 Deer Creek Dr.</u>
<input checked="" type="checkbox"/> Add			<u>Orlando, FL 32821</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>TR</u>	<u>CAROL H HARP</u>	<u>5480 Deer Creek Dr.</u>
<input checked="" type="checkbox"/> Add			<u>Orlando, FL 32821</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>P</u>	<u>JOE WINTER</u>	<u>2668 Shinoak Dr.</u>
<input checked="" type="checkbox"/> Add			<u>Orlando, FL 32837</u>
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

Article IV - Add the name of officers and address listed to the following:

Richard A. Lane, Secretary - 5273 Cane Island Loop #201, Kissimmee, FL 34746

Robert C. Vince , Treasurer - 250 Douglas Park Ave, Davenport, FL 33897-9241

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

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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 August 6, 2017

Signature [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 other court appointed fiduciary by that fiduciary)

Joe Winter  
\_\_\_\_\_  
(Typed or printed name of person signing)  
President  
\_\_\_\_\_  
(Title of person signing)