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### COVER LETTER

**TO:** Amendment Section Division of Corporations

BARBERSHOP MEN OF PRAYER INC NAME OF CORPORATION:				
N16000008731 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
BILLY J PARROTT				
(Name of Contact Person)				
BARBERSHOP MEN OF PRAYER, INC				
(Firm/ Company)				
784 N MCEWEN DR				
(Address)				
OSPREY FL 34229				
(City/ State and Zip Code)				
BJPARROTT@MINDSPRING.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
BILLLY J PAROTT  (Name of Contact Person)  at   (Area Code) (Daytime Telephone Number)				
(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:				
S35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy is Enclosed)				
Mailing Address Amendment Section  Street Address Amendment Section				

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

#### BARBERSHOP MEN OF PRAYER, INC.

(Name of Corporation as curren	tly filed with the Flo	rida Dept. of State)
N16000008731		
(Document Numb	er of Corporation (if l	known)
ursuant to the provisions of section 617.1006, Florida Statute nendment(s) to its Articles of Incorporation:	s, this <i>Florida Not F</i>	or Profit Corporation adopts the following
. If amending name, enter the new name of the corporati	on:	
		The new
ame must be distinguishable and contain the word "corporat Company" or "Co." may not be used in the name.	ion" or "incorporate	d" or the abbreviation "Corp." or "Inc."
8. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )		
		70
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		LEC ALL
		SSE SSE
. If amending the registered agent and/or registered offic	e address in Florida	, enter the name of the
new registered agent and/or the new registered office a		1-
Name of New Registered Agent:		
		Florida street address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered wereby accept the appointment as registered agent. I am fai		t the obligations of the position.
14-17-11-1		
\$7	anature of New Reals	stored 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
2) Change		_		<del></del>
Add				
Remove				
3 ) Change				
Add				· <del>_</del>
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

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

ADDITIONAL ARTICLE
ARTICLE VIX
UPON THE DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE
EXEMPT PURPOSES WITHIN THE Making OF SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE
OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE,
OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL
GOVERNMENT, FOR A PUBLIC PURPOSE. ANY SUCH ASSETS NOT DISPOSED OF SHALL BE DISPOSED
OF BY A COURT OF COMPETENT JURISDICTION IN THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF
ORGANIZATION IS THEN LOATED, EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH ORGANIZATION
OR ORGANIZATIONS, AS SAID COURT SHALL DETERMINE, WHICH ARE ORGANIZED AND OPERATED
EXLUSIVELY FOR SUCH PURPOSES
Б

The date of each amendme date this document was signed	nt(s) adoption:	, if other than the
Effective date if applicable	06/22/2018	
	(no more than 90 days after amendment file date)	
· · · · · · · · · · · · · · · · · · ·	this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
Adoption of Amendment(s	) ( <u>CHECK ONE</u> )	
The amendment(s) was was/were sufficient for	/were adopted by the members and the number of votes cast for the amendment(s) approval.	
There are no members adopted by the board o	or members entitled to vote on the amendment(s). The amendment(s) was/were f directors.	
Dated	Billy & Paricell	
Signature (By t	he chairman or vice chairman of the board, president or other officer-if directors	_
	e not been selected, by an incorporator – if in the hands of a receiver, trustee, or recourt appointed fiduciary by that fiduciary)	
E	BILLY J PARROTT	
_	(Typed or printed name of person signing)	
C	CHAIRMAN	
<del></del>	(Title of person signing)	