111000001197

(Re	questor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phon	e #)
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	ocument Number)	·
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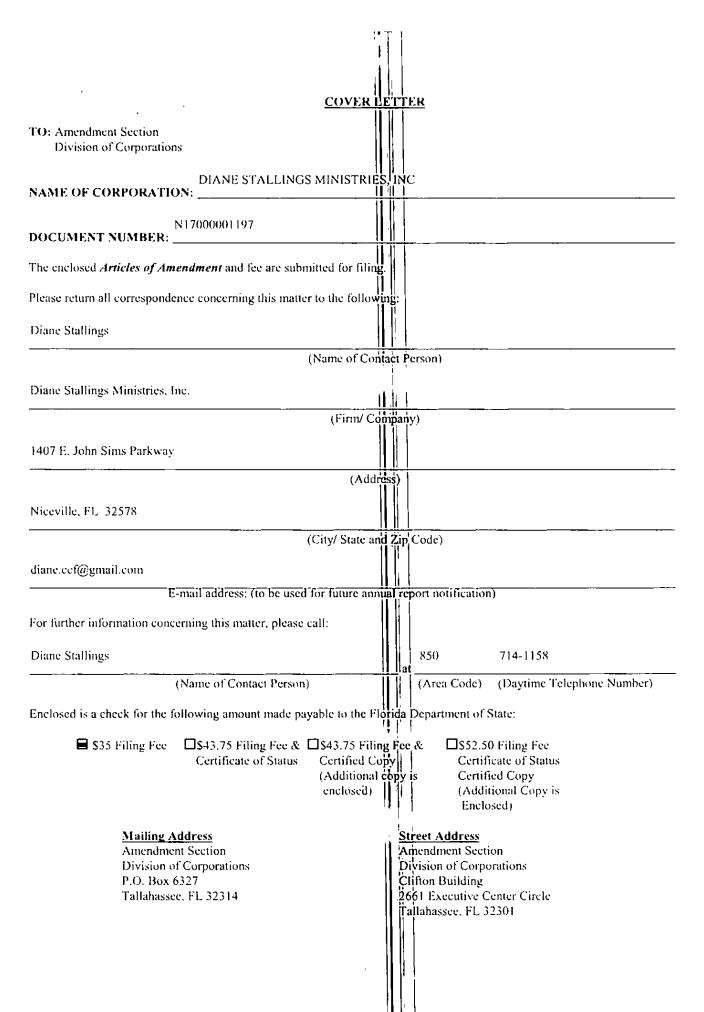
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SEGRETARY DE LORIDA
TALL MINSSEEL FLORIDA

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NOV 14 2017





Articles	or inco	corporation	
Diane Stallings Ministries, Inc.	of 		
	tly filed	dwith the Florida Dept. of State)	
N17000001197	1		
	er of Co	orporation (if known)	
(Document Namo			
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>F</i>	Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corporati	<u>ion:</u>		
N/A	11	The new	
name must he distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	ion" or		
B. Enter new principal office address, if applicable:	N/A	M h 1	
(Principal office address MUST BE A STREET ADDRESS)	N/A		
		<u> </u>	
		58 8 T	1
C. Enter new mailing address, if applicable:	11	11	
(Mailing address MAY BE A POST OFFICE BOX)	N/A	<u>β</u>	Π
		7	-5
		95 :	
	!	## 55 SE	
D. If amending the registered agent and/or registered office	e addre		
new registered agent and/or the new registered office a	ddress:	<u>원</u>	
Name of New Registered Agent:			
	 	(Florida street address)	
New Registered Office Address:	Ì	W/ I	
N/A		, Florida	
	(City)	y) (Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:	<u>. </u>	
I hereby accept the appointment as registered agent. I am fai			
<u></u>	,	U.CAL B. Samuel Lawrence Columnia	
.5.	ignature	re of New Registered Agent, if changing	
1	Page 1 o	11 05.4	
	-		
		11 11 1	

address of each Offic (Attach additional she Please note the officer P = President; V= Vid	er and/or Dire lets, if necessar Adirector title h we President; T O = Chief Fina	ector being added: y) by the first letter of the office title: = Treasurer: S= Secretary: D= Director: uncial Officer. If an officer/director holds	h officer/director being removed and title, name, and TR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office
Changes should be no a change, Mike Jones Mike Jones, V as Rem	leaves the corp	poration, Sally Smith is named the V and S	ed as the PST and Mike Jones is listed as the V. There is S. These should be noted as John Doe, PT as a Change,
Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	$\overline{\Sigma}$ $\overline{\Sigma}$	ohn Doe Aike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
l) Change	V	Dr. Nancy A. Berquist	3472 Research Pkwy.
Add			#104-203
X Remove			Colorado Springs, CO 80920 US
2) Change	BOD	Dr. Guy A. Domm	4512 Poppleton Ave.
Add		 	Omaha, NE 68106 US
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		'\ \ .	
6) Change		1	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) (attach additional sheets, if necessary). (Be specific)	here:
N/A	
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	,
	1 1 1

Page 3 of 4

The date of each amendment(s) adoption: 11/1/2017	in the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.	e
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 November 6, 2017	
Signature All All All All All All All All All Al	
(Typed or printed name of person signing) President	
(Title of person signing)	