N17000001304

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



600302156306

08/07/17--01019--014 ++35.00

TILED

NO -7 PHE: 59

SECRETANGE STATE

Anund

AUG 11 2017
I ALBRITTON

COVER LETTER

.4

Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:					
DOCUMENT NUMBER: N17000001304		···-			
The enclosed Articles of Amendment and fee are sub	mitted for filing.				
Please return all correspondence concerning this matt	er to the following:				
BRUCE WOODARD					
	(Name of Contact P	erson)			
SENT FORTH MINISTRY INC					
	(Firm/ Company	y)			
510 SAVONA COURT					
	(Address)	-			
ALTAMONTE SPRINGS, FL 32701					
	(City/ State and Zip	Code)			
BRUCE@BSIACTS.COM					
E-mail address: (to be used	for future annual rep	ort notification)		
For further information concerning this matter, please	call:				
BRUCE WOODARD	at	407	921-5841		
(Name of Contact Person			(Daytime Telephone Number)		
Enclosed is a check for the following amount made pa	yable to the Florida I	Department of S	tate:		
\$35 Filing Fee \$\text{Certificate of Status}\$		Certific Certific	Filing Fec cate of Status ed Copy ional Copy is sed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	An Div Cli	eet Address endment Section rision of Corporation Building of Executive Ce	rations		

Articles of Amendment to Articles of Incorporation of

Artic	cles of Amendment
Article	to les of Incorporation
SENT FORTH MINISTRY INC	es of Amendment to les of Incorporation of entity filed with the Florida Dept. of State) ober of Corporation (if known)
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
N17000001304	
(Document Num	ober of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Status amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:
name must be distinguishable and contain the word "corner	The new ation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	ation or incorporated or the aboreviation Corp., or inc.
B. Enter new principal office address, if applicable:	510 SAVONA COURT
(Principal office address MUST BE A STREET ADDRESS	ALTAMONTE SPRINGS
	FL 32701
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	510 SAVONA COURT
	ALTAMONTE SPRINGS
	FL 32701
D. If amending the registered agent and/or registered offi	ice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent: Name	A
N'/A	4
	(Florida street address)
New Registered Office Address:	* / .
	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fa	miliar with and accept the obligations of the position.
	NA
	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: X Change X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	DIR	BARKER, GLEN E	430 LAKE HOWELL ROAD
Add X Remove			MAITLAND FL 32751
2) Change	DIR	BARKER, KIM L	430 LAKE HOWELL ROAD
Add X Remove 3) Change			MAITLAND FL 32751
Add			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

L. 11 amending or adding additional Act (attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
N/A	
	<u> </u>
	
	

, .		08/01/17		
	e date of each amendmen e this document was signe	•		, if other than the
Eff	ective date <u>if applicable</u> :	08/01/17		
Lii	terre date il applicable	(no more than 90 days a	fter amendment file date)	
		his block does not meet the applicable the Department of State's records.	e statutory filing requirements, this date will no	ot be listed as the
Ado	option of Amendment(s)	(CHECK ONE)		
	The amendment(s) was/ was/were sufficient for a		number of votes cast for the amendment(s)	
	There are no members of adopted by the board of		ndment(s). The amendment(s) was/were	
	Dated	/17		
	Signature			
	have		ard, president or other officer-if directors if in the hands of a receiver, trustee, or ciary)	
	s	EPHEN A NICE		
	_	(Typed or printe	ed name of person signing)	
	P	STOR		
	_	(Title	e of person signing)	

. . . .