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APR 21 2017 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Fellowship Restorational Church Minist
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hattie Emanuel
Jellowship Restoratoral Church Ministries Inc
- 126 Red Mill Drive
Palm Coast, Florida 32/64
(City/ State and Zip Code) hatte emonue a quai. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HatticEmanuel at 386-283-7064 (Name of Contact Person) at 386-283-7064 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\sum_{\text{Certificate of Status}}^{\text{V}}\$ Certificate of Status (Additional copy is enclosed) \$\sum_{\text{Certificate of Status}}^{\text{V}}\$ Certified Copy (Additional Copy is 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

Articles of Amendment
to Articles of Incorporation
Jellouship Restorational Church Ministries In
(Name of Corporation as currently filed with the Florida Dept. of State) vi
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the 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) [A Red Mill Brive
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Ale Red Will Drive
palm Coast, Sloride
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 address:
. Name of New Registered Agent:
126 Red Mall Drive (Florida street address)
New Registered Office Address: Palm Coast, Florida 32164 (City) (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

f amending or adding additional Arti utach additional sheets, if necessary).	(Be specific)	
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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 <math>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	PT John Doo V Mike Jor SV Sally Sm	<u>ies</u>				
Type of Action (Check-One)		Name		<u>Addres</u> s		
1) Change	President	· Eliyal	s Emanuel	Carver		rec
Add Remove	ŀ	. 1		Punnel	13/w 32	110
2) Change	Secretary	Melisa	a Ulbshingt	m Carve	r Center	reo
Add Remove		Char.	Postavia	Bunny	11014.37	110
3) Change Add	Trecourer	<u>Chris</u>	<u> Borgmun</u>	JOSE.	Dirive 4	eal
Remove	Trustee	Mor	:05 (mdu	aro Caral	er Conte	r
4) Change Add	MUDIEC			303 E.	Drain Stre	to
Remove				Raduell	D14. 321	10
5) Change Add						
Remove						
6) Change						
Add						
Remove						

The date of	each amendment(s) adoption: _	4/11/17	, if other than the
date this do	cument was signed.		
Effective da	ate <u>if applicable</u> :		
	(no	more than 90 days after amendment file dat	e)
	date inserted in this block does not effective date on the Department of	ot meet the applicable statutory filing require of State's records.	ements, this date will not be listed as the
Adoption o	f Amendment(s) (<u>C</u>	HECK ONE)	
	nendment(s) was/were adopted by the sufficient for approval.	the members and the number of votes cast fo	r the amendment(s)
	are no members or members entitle d by the board of directors.	ed to vote on the amendment(s). The amenda	ment(s) was/were
	Dated 4/11/17	<u> </u>	
	Signature(By the chairman or vio	ce chairman of the board, president or other	officer-if directors
		d, by an incorporator – if in the hands of a re	ceiver, trustee, or
	datti	fiduciary by that fiduciary) (Typed or printed name of person signi	ng)