

FEB 13 2018
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: UNDER HIS COVER MINISTRIES INC.

DOCUMENT NUMBER: ~~447000293440~~

N17000011198

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

Please return all correspondence concerning this matter to the following:

TABITHA RAE HUNNEWELL

(Name of Contact Person)

UNDER HIS COVER MINISTRIES INC.

(Firm/ Company)

HIGHPOINT 3 COURT I 5131 NESTING WAY, APT. B

(Address)

DELRAY BEACH FLORIDA 33481

(City/ State and Zip Code)

underhiscover91@yahoo.com

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

For further information concerning this matter, please call:

TABITHA HUNNEWELL

561

8537221

at

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

UNDER HIS COVER MINSITRIES INC.

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

~~HI17000293440~~

N117000011198

(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:

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**)

HIGHPOINT 3 COURT I

5131 NESTING WAY, APT. B

DELRAY BEACH FLORIDA 33481

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

HIGHPOINT 3 COURT I

5131 NESTING WAY, APT. B

DELRAY BEACH FLORIDA 33481

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:

New Registered Office Address:

(Florida street address)

(City)

, Florida

(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

FILED
2018 FEB 12 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	VD	PAUL NISON	300 Randolph Court
<input type="checkbox"/> Add			Lakeworth FL 33461
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	PVST	TABITHA HUNNEWELL	HIGHPOINT 3 COURT I
<input type="checkbox"/> Add			5131 NESTING WAY, APT. B
<input type="checkbox"/> Remove			DELRAY BEACH FL 33481
3) <input type="checkbox"/> Change	D	JASON KRUZEL	1801 NE 50TH STREET
<input type="checkbox"/> Add			POMPANO BEACH FL 33064
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	D	<u>Michael Guarneiri</u>	<u>101 Nw 17th St Delray Bch</u>
<input checked="" type="checkbox"/> Add			<u>FL 33483</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	D	KIRSTEN-HEDWIG NAETER	21662 ARRIBA REAL APT 44D
<input checked="" type="checkbox"/> Add			BOCA RATON FLORIDA 33433
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

KIRSTEN-HEDWIG NAETER

TABITHA HUNNEWELL

Michael A. Guarneiri

The date of each amendment(s) adoption: 02/07/2018, if other than the date this document was signed.

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

02/07/2018

Signature

Tabitha Hunnewell

(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)

TABITHA RAE HUNNEWELL

(Typed or printed name of person signing)

PSTD

(Title of person signing)

Please call me if you
have any questions
at 561.853.7221