

N 1800000000 64

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200308274952

01/30/18--01019--003 \*\*35.00

*Amel*

R. WHITE

MAR 07 2018

FILED  
18 MAR -5 PM 12:14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2018

EVANGELIST JULIET IKHINE  
10142 SEROTINA CT  
ORLANDO, FL 32832

SUBJECT: HEALING AND RESTORATION MINISTRIES INTERNATIONAL INC.  
Ref. Number: N18000000064

We have received your document for HEALING AND RESTORATION MINISTRIES INTERNATIONAL INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet the filing requirements of this office. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 718A00002206

RECEIVED  
18 MAR -5 PM 2:11  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Healing And Restoration Ministries International Inc

**DOCUMENT NUMBER:** N18000000064

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

Please return all correspondence concerning this matter to the following:

Evangelist Juliet Ikhine

\_\_\_\_\_  
(Name of Contact Person)

Healing And Restoration Ministries International Inc.

\_\_\_\_\_  
(Firm/ Company)

10142 Serotina Ct

\_\_\_\_\_  
(Address)

Orlando Florida 32832

\_\_\_\_\_  
(City/ State and Zip Code)

julietikhine77@gmail.com

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

For further information concerning this matter, please call:

Evangelist Juliet Ikhine

at 407 770-4333

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

FILED

18 MAR -5 PM 12: 14

Healing And Restoration Ministries International Inc.

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

N18000000064

(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:**

N/A

*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:**

N/A

*(Principal office address MUST BE A STREET ADDRESS)*

**C. Enter new mailing address, if applicable:**

N/A

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

**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:* N/A

*(Florida street address)*

*New Registered Office Address:*

N/A

*(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.*

N/A

*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:

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Evangelist Juliet Ikhine</u>	<u>10142 Serotina Ct</u> <u>Orlando Florida 32832</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Apostole Emanuel Ejam</u>	<u>10142 Serotina Ct</u> <u>Orlando Florida 32832</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Minister Philomena Inegbe</u>	<u>10142 Serotina Ct</u> <u>Orlando Florida 32832</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Pastor Caroline Ejam</u>	<u>10142 Serotina Ct</u> <u>Orlando Florida 32832</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Sister Haja Jabba</u>	<u>10142 Serotina Ct</u> <u>Orlando Florida 32832</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Pastor Evelyn Ololo</u>	<u>10142 Serotina Ct</u> <u>Orlando Florida 32832</u>

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D</u>	<u>Minister Evelyn Etoh</u>	<u>10142 Serotina Ct</u>
<input type="checkbox"/> Add			<u>Orlando Florida 32832</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>Pastor Evans Akajiuba</u>	<u>10142 Serotina Ct</u>
<input type="checkbox"/> Add			<u>Orlando Florida 32832</u>
<input checked="" type="checkbox"/> Remove			
3 ) <input type="checkbox"/> Change	<u>          </u>	<u>                                  </u>	<u>                                  </u>
<input type="checkbox"/> Add			<u>                                  </u>
<input type="checkbox"/> Remove			<u>                                  </u>
4) <input type="checkbox"/> Change	<u>          </u>	<u>                                  </u>	<u>                                  </u>
<input type="checkbox"/> Add			<u>                                  </u>
<input type="checkbox"/> Remove			<u>                                  </u>
5) <input type="checkbox"/> Change	<u>          </u>	<u>                                  </u>	<u>                                  </u>
<input type="checkbox"/> Add			<u>                                  </u>
<input type="checkbox"/> Remove			<u>                                  </u>
6) <input type="checkbox"/> Change	<u>          </u>	<u>                                  </u>	<u>                                  </u>
<input type="checkbox"/> Add			<u>                                  </u>
<input type="checkbox"/> Remove			<u>                                  </u>

N/A

February 28, 2018

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

February 28, 2018

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.

February 28, 2018

Dated

Signature



(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)

Juliet Ikhine

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)