

(Re	questor's Name)	
(Ad	dress)	
DA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

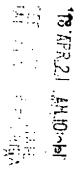
Office Use Only



600312387066

03/21/18--01015--012 \*\*52.50





## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Mentor's for Christ Inc.
DOCUMENT NUMBER:	N18000001526
The enclosed Articles of Amendment and fee at	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
<del></del>	Sonja Q Davi S (Name of Contact Person)
	(Firm/ Company)
	9902 N Hyacinth AVE Apt C
	THM Ph. Fl 3361)— (City/ State and Zip Code)
Mento E-mail address: (10 b	rfor Christola Valoo Com e used for future annual report notification)
For further information concerning this matter, p	Person)  a1 (G12) (Daytime Telephone Number)
Enclosed is a check for the following amount m	
S35 Filing Fee	— · · · · · · · · · · · · · · · · · · ·
Mailing Address O N Appointment Section	Street Address Amendment Section
U & Programment Sections  Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

,	
48 AFR 21	L :OLHA

<b>≜</b> ≜°_		~ ~ ~ <del>~</del>
Artic	des of Incorporation of	-18 AFR 21 AM ID: IT
Manlar Tax	Cloud To	
(Name of Corporation as our	enth filed with the File	orida Depusofi State)
_		mida wejimonskate)
	1000001526	
(Document Nu	mber of Corporation (if	known)
ursuant to the provisions of section 617,1006, Florida Stat nendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not F</i>	For Profit Corporation adopts the following
. If amending name, enter the new name of the corpor	ration:	
		The ne
ime must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name.	ration" or "incorporate	ed or the abbreviation "Corp. or "Inc.
Enter new principal office address, if applicable:	9902 N H	Hacinth ave Apt C
rincipal office address MUST BE A STREET ADDRES	<u>z)                                     </u>	7721
	— Jours	on Fl 33612
	·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Sumo-
(Maning dualess MAT III. AT (MIT OF THE BOX)		Jane
If amending the registered agent and/or registered of new registered agent and/or the new registered office		s, enter the name of the
new registered agent andor the new registered onto	2001C33.	
Name of New Registered Agent:		Since
	(1	Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Register	ed Agent:	
vereby accept the appointment as registered agent. I am		ot the obligations of the position.
	Signature of New Regi	stered 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 = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officeridirector 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 pollowing 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 momed 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>Mik</u>	i Doe c Jones y Smith	
Type of Action (Check One)	Title	Name:	<u>Addres</u> s
1) Clamer	<u> </u>	Marquis J Robinson	8006 N 123+ APT A TAMPA, F1 33612
<u> </u>			
2) Change	<u>D</u>	JOSE REYERD JR	8006 N 1251 Apt B TAMPA, F1 33612
_\lambda_\ Remove 3 ) _\lambda_\ Change _\lambda_\ Add	VP_	Cassandra L Beasley	Apt B Impa Fl
Remove			33612
4) Change Add	<u>102</u>	Wilesha D Davis	Apt C TAMPE, F1  33412
5) X Change	<u>P</u>	Sonya A Davis	14nipa Fl 33612
Remove			
6) Change Add	<del></del>		
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
Cassandra & Beasley is now the President - PD		
Cassandra & Beasley is now the President - PD Sonya A Davis is the CEO and Minister		
, , , , , , , , , , , , , , , , , , , ,	<del></del>	
	<del> </del>	

he date of each amendment(s) adoption ate this document was signed.	n: <u>4-/9-/8</u>	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	-
Sote: If the date inserted in this block doe octiment's effective date on the Departme	es not meet the applicable statutory filing requirements, ent of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the an	nendment(s)
There are no members or members en adopted by the board of directors.	titled to vote on the amendment(s). The amendment(s)	was/were
Dated 4-	19-18	
Signature North	(h)	
(By the chairman or	r vice chairman of the board, president or other officer-	
	eted, by an incorporator – if in the hands of a receiver, ted fiduciary by that fiduciary)	trustee, or
- <del></del>	Sonya Davis (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	CEG - DWINER	
	(Title of person signing)	<del></del>