

N18800002177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

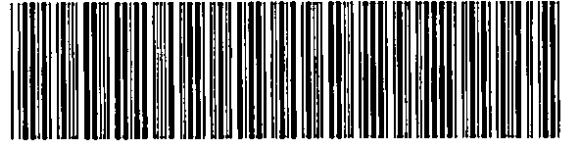
(Document Number)

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

Special Instructions to Filing Officer:

Received faxed correction  
on 1/23/2019, from R. West

Office Use Only



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12/14/18--01012--030 \*\*55.00

S TALLENT  
JAN 23 2019

FILED

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 4, 2019

RACHEL WEST  
RACHEL WEST MINISTRIES  
7315 FLORAL RIDGE DR  
JACKSONVILLE, FL 32277

SUBJECT: RACHEL WEST MINISTRIES INC.  
Ref. Number: N18000002177

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

GNEISS HORIZONS INC. IS NOT REGISTERED AS A CORPORATION ON  
SUNBIZ.ORG., DIVISION OF CORPORATIONS.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 519A00000239

rel  
11/18/19

Prayerfully I have it right this time  
Address did not change just NAME  
from Rachel West Ministries Inc  
TO: Gneiss Horizons Healing Ministries Inc.

www.sunbiz.org

Thank you,



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 19, 2018

RACHEL WEST  
RACHEL WEST MINISTRIES INC.  
7315 FLORAL RIDGE DR  
JACKSONVILLE, FL 32277

SUBJECT: RACHEL WEST MINISTRIES INC.  
Ref. Number: N18000002177

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE ADDRESS FOR ITEM #2.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

The registered agent must sign accepting the designation.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 418A00026052

RECEIVED  
DEC 28 PM 1:35  
STATE  
FILES

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: **Rachel West Ministries**

Name of Corporation

DOCUMENT NUMBER: N18000002177

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Articles Amendment  
Please return all correspondence concerning this matter to the following:

**Rachel West**

Name of Contact Person

**Rachel West Ministries**

Firm/Company

**7315 Floral Ridge Dr**

Address

**Jacksonville, Florida 32277**

City/State and Zip Code

**dr.rachelwest@outlook.com** ✓

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

For further information concerning this matter, please call:

**Rachel West**

Name of Contact Person

at ( **207** ) **4122817**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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

Rachel West Ministries Inc.

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

N18000002177

(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:

Coneiss Horizons Healing Ministries Inc. 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**)

7315 FLORAL Ridge Dr  
JACKSONVILLE FL 32277

C. Enter new mailing address, if applicable:

(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:

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

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 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 type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

The date of each amendment(s) adoption: January 23, 2019, if other than the date this document was signed.

Effective date if applicable: January 23, 2019  
(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 1/23/19

Signature Rachel West

(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)

Rachel West  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

N1800000 2177