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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MISSION EV	ANGELIQUE SOURCE DU SALUT INTERNATIONAL INC
DOCUMENT NUMBER: N18000002787	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
JOSEPH ELIZE	
	(Name of Contact Person)
MISSION EVANGELICAL SOURCE OF SAI	LVATION INC
	(Firm/ Company)
5411 NW 18TH CT	
**************************************	(Address)
LAUDERHILL FL 33313	
	(City/ State and Zip Code)
E-mail address: (to b	ne used for future annual report notification)
For further information concerning this matter,	please call:
LUC SIMILOR	786 868-8693
(Name of Contact	
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:
■ \$35 Filing Fee □S43.75 Filing Certificate of S	Fee & S43.75 Filing Fee & Status Certified Copy (Additional copy is enclosed)  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

MISSION EVANGELIQUE SOURCE DU SALUT IN	TERNATIONAL INC		
(Name of Corporation as	currently filed with the F	lorida Dept. of State)	
N18000002787			
(Document	Number of Corporation (i	f known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not	For Profit Corporation adopts the f	ollowing
A. If amending name, enter the new name of the con	rporation:		
MISSION EVANGELICAL SOURCE OF SALVATION	ON INC		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorpora	ited" or the abbreviation "Corp." of	· "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>		<del></del>
		<u>.                                    </u>	<u></u>
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		da, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:		(Florida street address)	
	(Cir.)	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: 'am familiar with and acco	ept the obligations of the position	77
·	Signature of New Reg	gistered Agent, if changing 7	
	Page 1 of 4	085 <b>#</b>	**************************************

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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Su	<u>nes</u>	·
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		<del>.</del>		
Add				
Remove				·
2) Change		_		
Add				
Remove				
3) Change		_		
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Remove				
4) Change		_		
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Remove		,		
5) Change				
Add		<del>.</del>	<del> </del>	
Remove				
6) Change		-		Manager and the second
Add				
Remove				

samending or adding addition ttach additional sheets, if necess	sary). (Be specific)			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no move than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amen was/were sufficient for approval.	ndment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	is/were
Dated 04/24/2018	
Signature X (Ruth) chairman of the board availant on other officer if the	Luc as an
(By the chairman or vice chairman of the board, president or other officer-if d have not been selected, by an incorporator — if in the hands of a receiver, trus other confrappointed fiduciary by that fiduciary)	
Duc Similor	
(Typed or printed name of person signing)	•
PRESIDENT	
(Title of person signing)	