N 18000004099

(Requestor's Name)
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(Hadiess)
(City/State/Zip/Phone #)
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(Business Entity Name)
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2018 MAY 17 PM 12: 26

SECRETARY OF STATE

C GOLDEN MAY 1 8 2018

	COVERLETTER
TO: Amendment Section Division of Corporations	Atta: Claretha
GOD'S SAKE MINIS	STRIES INC
N18000004099 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
LOUIS ST HILAIRE	
	(Name of Contact Person)
GOD'S SAKE MINISTRIES INC	
	(Firm/ Company)
2720 FOSTER AVE APT 1G	•
	(Address)
BROOKLYN, NY 11210	
	(City/ State and Zip Code)
GOSMIN7@GMAIL.COM	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	call:
GARY CHARLES	718 744-4766
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pag	yable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is chelosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

ARETHA

2661 Executive Center Circle
Tallahassee, FL 32301

TO:18502456897 FROM: 7185046963

Articles of Amendment

FILED

Articles of Incorporation

GOD'S SAKE MINISTRIES INC	Articles of Incorporation of	2010 MAY 17 PM 12: 26
	oration as currently filed with the Florida Dept. of State	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation A. If amending name, enter the new name	(Document Number of Corporation (if known) 06. Florida Statutes, this Florida Not For Profit Corporation:	

y amening name, enter the new name of				
name must be distinguishable and contain the w "Company" or "Co." may not be used in the m	ord "corpora a m e.	tion" or "incorp	porated" or the abbre	The new viation "Corp," or "Inc,"
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET	<u>icable:</u> C <u>ADDRESS</u>)	N/A		
C. Enter new mailing and		,		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	-	4350 NE 15 T	TER	_
	- -	POMPANO BE	ACH, FL 33064	
D. If amending the registered agent and/or reginew registered agent and/or the new register	istered office red office add	address in Flor	ida, enter the name	of the
Name of New Registered Agent:	LOUIS ST F	MLAIRE		
	4350 NE 15T	H TER		
New Registered Office Address:			(Florida street address)	
	POMPANO I			2300
	()	City)	, Flo	orida <u>33064</u>

New Registered Agent's Signature, if changing Registered Agent:

Under the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

Page:

4

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FROM: 7185046963

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)

13:59 PM PDT

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>V</u> <u>Mik</u>	<u>n Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Y Change	т 	DICKENS ST HILAIRE	4350 NE 15TH TER
Add			POMPANO BEACH, FL
Remove		•	33064
2) Change	<u></u>	LOUIS ST HILAIRE	4350 NE 15TH TER
X Add		.	POMPANO BEACH, FL
Remove			33064
3.) Change			
Add			
Remove	,		
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

05/17/2018 13:59 PM PDT TO:18502456897 FROM:7185046963 Page: 5

E. If amending or adding additional Arti	CO CONTRACTOR OF THE CONTRACTO
(attach additional sheets, if necessary).	(Re specific)
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GARY CHARLES

SECRETARY

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(Typed or printed name of person signing)

(Title of person signing)