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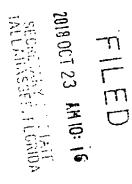
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Amendicus

OCT 3 0 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FOOT RUNNING MINISTRIE	S, INC
007228	
mitted for filing.	
er to the following:	
ARTINEZ	
(Name of Contact Person)	
UNNINGMINISTRIES, I	NC.
(Firm/ Company)	
B HILL LANE	
(Address)	
E , FL 33351	
(City/ State and Zip Code)	
70@ aol.com	
•	
call:	
Z at (305) 505-50	637
n) (Area Code) (Daytime Telephor	ie Number)
ayable to the Florida Department of State:	
Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Street Address	
Amendment Section Division of Corporations	
	(Firm/ Company) B HILL LANE (Address) E FL 33351 (City/ State and Zip Code) A O COM Id for future annual report notification) e call: E Z at (305) 505-50 (Area Code) (Daytime Telephore ayable to the Florida Department of State: S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed) (Additional Copy is Enclosed) Street Address Amendment Section

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PAPA'S FOOT R	UNNING MINIST	RIES, INC.	
		n. or state	
N180	000007228		
(Docume)	nt Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit	Corporation adopts the following	
A. If amending name, enter the new name of the e	orporation:		
		The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the	e abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS A STREET ADDRESS ADDRE			
The space duries.			,
		6	-
C. Fator and mailing address: if and include		2 5	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC	<u> </u>		71 —
		1 1 1 1 1 1 1 1 1 1	\cup
D. If amending the registered agent and/or registe		he name of the	
new registered agent and/or the new registered	l office address:		
Name of New Registered Agent:			
_			
New Registered Office Address:	(Florida stre	et address)	
-		Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Re			
I hereby accept the appointment as registered agent.	l am familiar with and accept the obli	igations of the position.	
	Signature of New Registered Ag	gent, 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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove		KRISTEN PAI	LACIO-MARTINEZ	9935 NOB HILLLANE SUNRISE, FL 33351
2) Change Add	_V_	<u>PATRICIA I</u>		OLSW IITTH ST. VECREST, FL 33156
Remove 3) Change Add Remove				
4) Change Add Remove		_		
5) Change Add Remove				
6) Change Add Remove				

(attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after am Indment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 10/12/18	
Signature <u>Orestes Martinez</u>	
(By the chairman or vice chairman of the board, provident 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)	
ORESTES MARTINEZ (Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	