Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001702943)))



H190001702943A5C0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : PARASEC
Account Number : I20180000086

Phone : (916)576-7000 Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: RLOPS@PARASEC.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN REDEEMED IN THE WORD MINISTRY INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

WR29 700 → CCHONEDER

RECEIVED

Articles of Amendment to Articles of Incorporation

Redeemed In The Word Ministry Incorporated (Name of Corporation as currently filed with the Florida Dept. of S N19000003541	State)
· · · · · · · · · · · · · · · · · · ·	State)
(Dooungent Number of Corporation (if known)	
ursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corpomendment(s) to its Articles of Incorporation:	pration adopts the followin
If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbre "Compuny" or "Co." may not be used in the name.	eviation "Corp," or "Inc."
Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	
	
Enter new mailing address, if applicable:	
ALC W IZ . MATTAR A BACK OFFICE PART	
. If amending the registered agent and/or registered office address in Florida, enter the nan	se of the
new registered agent and/or the new registered office address:	io or the
Name of New Registered Agent:	
Hume of rest. Nogloud to Agent.	· -
(Florida street addre	re)
Nav Registered Office Address:	,
	Placido
(City)	, Florida (Zip Code)
	/- L
ew Registered Agent's Signature, If changing Registered Agent:	de our
hereby occept the appointment as registered agent. I am familiar with and accept the obligations	oj the posttion,
•	
Simplifier of Nov. Participant deant He	

Everentes

If amending the Officers and/or Directors, enfer 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= Treosurer; 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.

	X.Change X.Remove X. Add	V M	ohn Doe like Jones ally Smith	
	Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
	l) Change	D	DELORES THOMAS	919 WEST IST ST.
	Add			SANFORD, FL 32711
	Remove			
	2) Change			
	D₽V ☐			<u> </u>
	Remove			
	3) Change		· · · · · · · · · · · · · · · · · · ·	
	Remove			
	4) . Change			
	Add Add			·
	Remove			
	5) Change			
Co-minion.		engrado (Mar		
	Remove			_
•	6) Change			
	Add	•		
	Remove		Page 2 of 4	

E. If amending or adding additional Articles, enter change(s) hero; (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoptone this document was signed.	plion:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	c does not meet the applicable statutory filing requirements, the rement of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt was/were sufficient for approval.	pted by the members and the number of votes cast for the ame	adment(s)
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) w	zs/were
5/8/19·		
Signature	Z 74-	
(By the chairms have not been	on or vice chairman of the board, president or other officer-if a selected, by an incorporator — if in the bands of a receiver, true pointed fiduciary by that fiduciary)	
Esther Llaus	ias	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	