N20000000313

(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

FOXE NAME OF CORPORATION:	S HAVE HOLES MINIS	STRIES, INC.		75772	
N20000000 DOCUMENT NUMBER:	0313				
The enclosed Articles of Amendment a	nd fee are submitted for	filing.			
Please return all correspondence concer	ming this matter to the fo	llowing:			
DEMETRIUS CRANE					
	(Name of	Contact Person)			
SEA ACCOUNTING & CONSULTIN	G				
	(Firm	/ Company)		 	
4898 STONE ACRES CIRCLE					
	(<i>f</i>	Address)			
SAINT CLOUD, FL 34771					
	(City/ Stat	te and Zip Code)	h	· <u></u>	
INFO@SOLDOUT2CHRIST.COM					
E-mail addro	ess: (to be used for future	annual report no	otification	n)	
For further information concerning this	matter, please call:				
DEMETRIUS CRANE		407 at		552-9717	
(Name of C	Contact Person)		a Code)	(Daytime Teleph	one Number)
Enclosed is a check for the following a	mount made payable to th	ne Florida Depar	tment of	State:	
	Filing Fee & \$\B\$43.75 cate of Status Certific (Addition enclose)	d Copy onal copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address		Street A	ddress	o n	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of FOXES HAVE HOLES MINISTRIES, INC.

		7572 1111 01. DM 5.
Name of Corporation as currently filed with the Flo	orida Dept. of State)	Low Comment of the Co
N20000000313		
(Document	Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo.	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
FOXES HAVE HOLES INTERNATIONAL, INC.		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	
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 <u>MAY BE A POST OFFICE BO)</u>	<u> </u>	
D. If amending the registered agent and/or registerness new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Fla	orida street address)
		, Florida
_	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.		the obligations of the position.
	Signature of New Registe	ered 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: X Change X Remove X Add	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove E. If amending or addin (attach additional shee		Page 2 of 4 icles, enter change(s) here: (Be specific)	
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	Page 3 of 4
The date of each amendment(s) adopt date this document was signed.	ion:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block of document's effective date on the Depart	loes not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)

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 1/14/2020
Signature Signature
(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)
ANNA FOX
(Typed or printed name of person signing)
· A-
PRESIDENT (1)
(Title of person signing)