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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	e Kry Minist	ry Inc.
DOCUMENT NUMBER: N	20000000643	<u> </u>
The enclosed Articles of Amendment and fee are		
Please return all correspondence concerning this (	natter to the following:	
An	Gela Moone (Name of Contact Person	ч
	(Name of Contact Perso	on Y
M	inistry Lav	nch
	(Firm/ Company)	
411	1 River Mill	Ct
	(Address)	
5pi	ing Tx 77 (City/ State and Zip Co	379
	(City/ State and Zip Co	le)
ink e mir	1 i Stry Jaunch Moused for future annual report	ow.cm
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ease call:	
Angela Moone	U <sub>at</sub>	713 302 1818
(Name of Contact Per	rson) (A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	le payable to the Florida Dep	partment of State:
☐ \$35 Filing Fee	& \$\Bigsiz\$ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
	0.	

## **Mailing Address**

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

#### Street Address

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

#### Articles of Amendment to Articles of Incorporation of

The key M	linistru Inc
(Name of Corporation as currently filed with the Florida D	ept. of State)
N2.0000	00(043)
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
	The new
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
	. TN
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	29
C. Patanana and Banadalana (Familiankia)	PH.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.	
Name of New Registered Agent:	Ardell Daniels
18:	30 University Drive Soute 177
	(Florida street address)
New Registered Office Address:	1.15
Y12	(City) . Florida <u>33322</u> (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.  gnature of New Registered 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 A Add	$\frac{\underline{PT}}{\underline{V}}$ $\underline{\underline{SV}}$	John De Mike Jo Sally Sr	<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. <u>If amending or addin</u> (attach additional shee			cles, enter change(s) here: (Be specific)	

		<del></del>
The date of each amendment(s) adoption:		if other than the
date this document was signed.		
Effective date if applicable:	e than 90 days after amendment file date)	
the mort	coma zo days after amenanem free dates	
<u>Note:</u> If the date inserted in this block does not me document's effective date on the Department of Sto	eet the applicable statutory filing requirements, this date will not ate's records.	be fisted as the
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the n was/were sufficient for approval.	nembers and the number of votes east 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 U-22-70 Signature HVS
	(By the chairman or vice phairman 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)
	(Typed or printed name of person signing)
	President (Title of person signing)