N20 0000 12618

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Flesh ANDIA HOUG PROYER MINISTRY T
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William Eprl Brodshow (Name of Contact Person)
Fresh Anolating Proven Ministries INC.
9050 Northwest 20th AVE. (Address)
Minmi Florida 33/47 (City/ State and Zip Code)
Worthyman 52 & Yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
W: 11: pm & Brodshow at 784 487 - 9298 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$4
Mailian Addune

Mailing Address

TO: Amendment Section

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, FL 32303

Articles of Amendment to

Articles of Incorporation of

Flesh Anointing F	nryen	NIW:	stry	INC.	
(Name of Corporation as currently filed with t	the Florida De	pt. of State)	/		
1/200000	12618)			
(Doct	ument Number	of Corporation	(if known)	1	
Pursuant to the provisions of section 617.1006, F amendment(s) to its Articles of Incorporation:	lorida Statutes.	this <i>Florida N</i>	ot For Pro	fit Corporation ado	pts the following
A. If amending name, enter the new name of t	the corporatio	<u>n:</u>			
FRESH AND; NHING I	Proven	MINIS	tru -	INC.	The new
"Company" or "Co." may not be used in the nat	<u>me</u> .	on" or "incorpo	oraieti" or i	he abbreviation "C	orp." or "Inc."
B. Enter new principal office address, if application (Principal office address MUST BE A STREET					- 123
(Frincipal office address STOST DE A STREET	<u> </u>			,	
					· ·
	_				
C. Enter new mailing address, if applicable:					ਣ:
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>F. BOX</u>)		<u> </u>		
	_				
					٠,٠
D. If amending the registered agent and/or re			rida, enter	the name of the	
new registered agent and/or the new regist	ered office add	dress:			
Name of New Registered Agent	<u></u>				
			(Florida s	treet address)	.
<u>New Registered Office Addres</u>	<u>22</u> :				
	***			Florida	
		(City)		(Zip Cod	de)
New Registered Agent's Signature, if changing	g Registered A	gent:			
I hereby accept the appointment as registered ag	ent. Lam fami	liar with and a	ccept the ol	bligations of the pos	ition.
	Sign	iature of New H	Registered 2	Igent, 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>	Address
1) Change Add	<u></u>		
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			<u> </u>
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	
-			· · · · · · · · · · · · · · · · · · ·
 			
· · · · · · · · · · · · · · · · · · ·			

-		
The data of each amendment(s) adentions	, if other than t	he
date this document was signed.		
date this document was signed.		
Effective date if applicable:		
(ne	o more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.	
Adoption of Amendment(s)	CHECK ONE)	
☐ 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.
Signature MME Bacahar
(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)
William & Brockhaw (Typed or printed name of person signing)
Aitle of person signing)