N20000013266

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



700368854017

87/09/21--01013--018 **\$2.50

2021 JUL -9 PH 4: O4 SECRETARY OF STATE

A.Butter

COVER LETTER

Division of Corporations acreditation Shekingh Corp World W NAME OF CORPORATION DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □S43.75 Filing Fee & ☐\$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

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

Articles of Incorporation

World Mission ac	reditat	ion Shet	Locah !	Ap.
(Name of Corp	oration as currently	filed with the Florid	a2026 (lb) Stule)	PH L: AL
N2 000 00 13.	266		OCOBSTAL V	OE CTATE
(E	Document Number of	Corporation (if knowr	"TALLAHAS	SEE, FL
Pursuant to the provisions of section 607,1006. Fits Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corpora	tion adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the second of t	V SHOKENO rd "corporation," "ce "Inc," or "Co". A	h Founde ompany," or "incorpora professional corpora	ation T rated" or the abbrition name must	The new eviation "Corp" contain the word
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET			<u>-</u> -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC) D. If amending the registered agent and/or renew registered agent and/or the new registered agent.	gistered office addre	ss in Florida, enter t	he name of the	
Name of New Registered Agent				
	(Florida stree	t address)	 -	
New Registered Office Address:	10	City)	Florida	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ago	<mark>z Registered Agent:</mark> ent. – I am familiar wi	th and accept the obliq	gations of the post	'tion.
				 -
	Signature of New Reg	istered Agent, if chan	ging	

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	•		
Add			·
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change		<u> </u>	
Add			
Remove			
б) Change			
Add			· —————
Remove			

(Attach <i>additional sh</i>	eets, if necessary).	cles, enter chang (Be specific)			
					
		, <u> </u>			
					
					
				-	
-			-		
	, <u> </u>	<u>-</u>			
	<u> </u>			<u> </u>	 -
					
-				=	
			<u>-</u>		
					-
					_ -
		_		 ,	
lf an amendment pr	ovides for an exch	ange, reclassifica	tion, or cancella	tion of issued sha	ires.
provisions for impl	<u>lementing the amen</u>	idment if not con	tained in the an	nendment itself:	<u></u>
(if not applicable	le, indicate N/A)				
					
		*	<u> </u>		
					
				<u>-</u> .	
					
					<u>.</u>

The date of each amendment(s) adoption: date this document was signed. . 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 does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
Signature (By a director, president or other officer = if directors or officers have not been selected, by an incorporator = if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
MAE TERNANDE E
(Typed or printed name of person signing)
- Mosure -
(Title of person signing)