N23000001765

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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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Office Use Only



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March 22, 2023

AMERICAN MISSIONS, INC. C/O HOLLY NEWKIRK PO BOX 465017 LAWRENCEVILLE, GA 30042 US

SUBJECT: AMERICAN MISSIONS, INC.

Ref. Number: N23000001765

It has been brought to our attention the registered agent address as well as the principal and/or mailing address of AMERICAN MISSIONS, INC., listed at 156 SAN REMO BLVD NORTH LAUDERDALE FL 33068 (P,D AND S AS WELL), is incorrect as it belongs to another individual or other entity.

Therefore, the purpose of this letter is to notify this entity: 1.) of the incorrect data; and 2.) that it is a third degree felony to knowingly and willingly falsify or conceal a material fact or make any false, fictitious, or fraudulent statement in any matter within the jurisdiction of the Florida Department of State.

Please consider this notice of our intent to administratively dissolve/revoke this entity on or after May 21, 2023 if the registered agent's address and the other addresses are not corrected.

Please complete and submit the enclosed form with the appropriate fee to avoid further action by this office. If the current year annual report has not been filed, this change may be made at the time of filing the annual report at no additional charge.

Please let us know should you have any questions.

Sincerely, Becky McKnight Division of Corporations

Letter No: 423A00006651

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO:

Amendment Section

Tallahassee, FL 32314

Division of Corporations American Missions, Inc. **SUBJECT:** Name of Corporation DOCUMENT NUMBER: N23000001765 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Austin Saturday Zeegaye Lowe Name of Contact Person Firm/Company 146 San Remo Blvd Address North Lauderdale, FL 33068 City/State and Zip Code satlowe7@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Austin Saturday Zeegaye Lowe Name of Contact Person Enclosed is a check for the following amount: □ \$35.00 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ■ \$43.75 Filing Fee & Certified Copy ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy **Mailing Address:** Street Address: Amendment Section Amendment Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

American Missions, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N23000001765 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 146 San Remo Blvd. North Lauderdale, FL 33068 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 146 San Remo Blvd. North Lauderdale, FL 33068 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: 146 San Remo Blvd. (Florida street address) New Registered Office Address: North Lauderdale (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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 X Add | PT John Do V Mike Jo SV Sally Si | one <u>s</u> | |
|--|--|---|--|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) × Change Add | <u>PD</u> | Austin Saturday Zeegaye Lowe | 146 San Remo Blvd. North Lauderdale, FL 33068 |
| Remove | | | |
| 2) <u>×</u> Change Add | SD | John Moses | 146 San Remo Blvd. North Lauderdale, FL 33068 |
| Remove 3) Remove Add Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
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| E. If amending or addir (attach additional shee | | icles, enter change(s) here: (Be specific) | |
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| The date of each amendment(s) adoption date this document was signed. | : | <u></u> | | . <u></u> | , if other | than the |
| Effective date if applicable: | no more than 90 days | | | | | |
| | | | | | | |
| Note: If the date inserted in this block does document's effective date on the Department | not meet the applicant of State's records. | ble statutory fili | ing requiremen | its, this date w | ill not be listed a | s the |
| Adoption of Amendment(s) | (CHECK ONE) | | | | | |
| The amendment(s) was/were adopted by was/were sufficient for approval. | by the members and the | he number of vo | otes east for the | e amendment(: | s) | |

| There are no memi adopted by the box | bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors. |
|---|--|
| Dated | |
| Signature | |
| 1 | (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) |
| | (Typed or printed name of person signing) |
| | (Title of person signing) |



For

| American Missions, Inc. | |
|-------------------------------|--|
| | Name of Corporation as currently filed with the Florida Dept. of State |
| | N23000001765 |
| | Document Number (if known) |
| | s of Section 617.0124, Florida Statutes, this corporation files these thin 30 days of the file date of the document being corrected. |
| These articles of correction | on correct Articles of Incorporation (Document The Being Corrected) |
| filed with the Departmen | (December 1) Fing Contents |
| Specify the inaccuracy, in | ncorrect statement, or defect |
| Please correct Physical and n | nailing address, Registered office Address, Incorporator's and Board of Directors' |
| addresses from: | |
| 156 San R | emo Blvd. |
| North Lau | derdale, FL 3068 |
| To: 146 San Re | emo Biya. |
| North Lauc | degate, FL 35068 |
| 3291 NU | derdale, |
| 974 20L | 1 U886 |
| | Strengture of a director, preside, a or other officer - if directors of officers have not been self-cred, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.) |
| Austin Saturday Zeegaye Lo | we incorporator Preside |
| | name of person signing) (Title of person signing) |

Filing Fee: \$35.00