Division of Corporations Electronic Filing Cover Sheet

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(((H230002857163)))



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Division of Corporations

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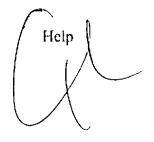
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COR AMND/RESTATE/CORRECT OR O/D RESIGN THE MATTHEW 25 MISSION INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



1/1

COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION:	5 MISSION INC.		
DOCUMENT NUMBER:		· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and fee are sub-	nitted for filing		
Please return all correspondence concerning this matter	er to the following:		
Chey	enne Moseley		
	(Name of Contact P	erson)	
Legalz	zoom.com, Inc.		
	(Firm/ Compan	y)	—
101 N. Brand Blvd., 11th Floor			TALL
	(Address)		A
Glend	ale, CA 91203		ASS.
	(City/ State and Zip	(lode)	
letterstoethan@aol.com			
Fmail address: (to be used	for tuture annual rep	port notification)	
For further information concerning this matter, please	call;		
Cheyenne Moseley	800 at (773-0888 ext. 9724	
(Name of Contact Person)	(Air	ea Code & Daytime Telephone Number	er)
Enclosed is a check for the following amount made pa	yable to the Florida l	Department of State	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	■\$43,75 Filing Fee Certified Copy (Additional copy i enclosed)	Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ai Di Cl 26	reet Address mendment Section vision of Corporations inton Building 61 Executive Center Circle Habassee, FL 32301	

FILED 2023 AUG 17 AM 10: 55

Articles of Amendment to Articles of Incorporation of

THE MATTHEW 25 MISSION INC.		
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
N23000008225		
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation	s, this <i>Florida Not For Profit Corporation adoş</i>	ats the following
A. If amending name, enter the new name of the corporati	<u>On:</u>	
		The new
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "C	orp." or "Inc."
B. Enter new principal office address, if applicable:	1344 Pine Ridge Cir E Apt. D 1	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Tarpon Springs, Florida 34688	
		13
C. Enter new mailing address, if applicable: (Mailing address MAYBEA POST OFFICE BOX)	1344 Pine Ridge Cir E Apt. D 1	
	Tarpon Springs, Florida 34688	盖二
		PSE DE
D. If amending the registered agent and/or registered offic	ce address in Florida, enter the name of the	2023 AUG 17 AM 10: 55
new registered agent and/or the new registered Office ac		, E 2
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	. Florida	
(City)	(Zi _F	Code)
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent. I am fan		ition.
Signature of New I	Registered Agent, if changing	

From: Sylvia Pauli

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 neversary)

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 = ChiefExecutive 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>V</u> <u>M</u>	thn Doe like Jones ally Smith	
Type of Action (Check One)	Tule	<u>Name</u>	<u>Addres</u> s
X Change	D	CHAPLAIN THOMAS J. MCQUEEN	1344 Pine Ridge Cine Apt. D
Add			Tarpon Springs, Florida, 34688
Remove			ASSE AT
2) X Change	DT	DOROTHY MCQUEEN	1344 Pine Ridge Cir E.Apt. D
Add			Tarpon Springs, Florida 34688
Kemove			
3) X Change	<u>\$</u>	TOM MCQUEEN	1344 Pine Ridge Cir E Apt. D 1
Add			Tarpon Springs, Florida 34688
Remove			
4) X Change	D	JOSEPH E. MCQUEEN	1344 Pine Ridge Cir E Apt. D 1
Add			Tarpon Springs, Florida 34688
Remove			
5) X Change	P	CHAPLAIN TOM MCQUEEN	1344 Pine Ridge Cir E Apt. D 1
Add			Tarpon Springs, Florida 34688
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here (attach additional sheets, if necessary). (Be specific)

From: Sylvie Paull

r,	20	
SERVE DESTATE	2023 AUG 17 AM 10: 55	77
Y OF STATE	AM 10: 55	

Page: 7 of 7

08/03/2023 The date of each amendment(s) adoption: if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) 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. Dated 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) CHAPLAIN TOM MCQUEEN (Typed or printed name of person signing) President (Title of person signing)