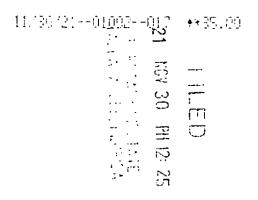
N 27378

(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

HARVESTERS I NAME OF CORPORATION:	NTERNATIONAL MISSION, INC.
N27378 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	
Please return all correspondence concerning this m	atter to the following:
THOMAS H. SWARTZ	
	(Name of Contact Person)
HARVESTERS INTERNATIONAL MISSION. IS	NC.
	(Firm/ Company)
PO BOX 50761	
· ·	(Address)
SARASOTA FL 34232-0306	
	(City/ State and Zip Code)
PRESIDENT@HIMFELLOWSHIP.COM	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, ple	ase call:
TOM SWARTZ	941 321-8100 at
(Name of Contact Pers	
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu	
Mailing Address	Street Address Amendment Section
Amendment Section Division of Corporations	Amenament Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

HARVESTERS INTERNATIONAL MISSION, INC.

(Name of Corporation as currently filed with th	e Florida	Dept. of State)		•		
N27378						
(Docur	nent Numl	per of Corporation (if known)	.			
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statut	es, this Florida Not For Profit	Corporatie	on adopts	the fo	Howing
A. If amending name, enter the new name of th	e corpora	tion:				
N/A					Т	he new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "incorporated" or the	abbreviati	ion "Corp	" or	"Inc."
B. Enter new principal office address, if applica	able:	N/A				
(Principal office address MUST BE A STREET A						
				-	—	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	PO BOX 50761	<u></u>			
		SARASOTA FL 34232-0306				
			-		$\frac{1}{2}$	
				<u> </u>	Ĝ	, •
D. If amending the registered agent and/or reginew registered agent and/or the new register			ie name o	f the	¥ 30	
Name of New Registered Agent:	THOMA	S H. SWARTZ			<u> </u>	5
	6928 MA	UNA LOA BLVD		٠- ر	<u>نځ</u>	
<u>New Registered Office Address</u>	:	(Florida siree	et address)	 	7.5	
	SARASO	DTA	Flo	orida 3424	1-583	5
		(City)		Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	nt. I am fé	umiliar with and accept the oblig			on.	
		ignature of New Registered Age	ent, if chan	ging		

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 Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	P/D	PERRY, GREGORY B	6306 LINCOLN RD SARASOTA FL 34203-9703
x Remove			
2) × Change Add	<u>P/D</u>	SWARTZ, THOMAS H	6928 MAUNA LOA BLVD SARASOTA FL 34241-5835
Remove 3) × Change Add Remove	V/D	ABALOS, RAMON M	6306 LINCOLN RD SARASOTA FL 34203-9703
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
Remove E. If amending or addir (attach additional shee		cles, enter change(s) here: (Be specific)	
	 .		

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		,			
The date of each amendment date this document was signed	(s) adoption: 11/13/202	1			, if other than the
	11/13/2021				
Effective date if applicable:		n 90 days after a	mendment file d	 ate)	
Note: If the date inserted in the document's effective date on the	is block does not meet th	ne applicable stat			Il not be listed as the
Adoption of Amendment(s)	(CHECK C	<u>ONE</u>)			
The amendment(s) was/w was/were sufficient for ap		bers and the num	ber of votes cast	for the amendment(s)

dopted by the boa	bers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
Datad	11/13/2021
Dated	all WI
Signature	Charge at
((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)
	THOMAS H. SWARTZ
	(Typed or printed name of person signing)
	President/Director
	(Title of person signing)