# N 48112

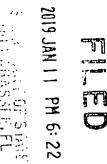
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
:		

Office Use Only



300322185103

01/11/19--01007--017 \*\*35.00



C. GOLDEN JAN 1 7 2019

#### COVER LETTER

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: ENRIGHT FLIGHT MINISTRIES
DOCUMENT NUMBER: N 48112
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Fileen Ledgerwood
Eileen Ledgerwood (Name of Contact Person)
(Firm/ Company)
1919 Jackson Ln
' (Address)
Port Orange, FL 32128
(City/ State and Zip Code)
Port Orange, FL 32128  (City/ State and Zip Code)  Eledger wood @ 9 mail. wm  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eileen Ledgerwood at 386-756-955  (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: $10 \text{Am} - 4 \text{pm}$
\$35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee See Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee S43.75 Filing Fee See Certified Copy (Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

### **Articles of Amendment** Articles of Incorporation

2019 JAN 1 PM 6. 22

## ENRIGHT FLIGHT

(Name of Corporation as currently filed with the Florida Dept. of State)

N 4 811 2 (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:

ENRIGHT FOUNDAT		INISTRIES, INC
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.		
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADI</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BQ	<u></u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered		lorida, enter the name of the
Name of New Registered Agent:		
<u>New Registered Office Address</u> :		(Florida street address)
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg Thereby accept the appointment as registered agent.		accept the obligations of the position.
<del></del>	Signature of Nev	c Registered Agent, if changing

•	•		
address of each Officer (Attach additional sheets, Please note the officer/di P = President; V= Vice I	and/or Director b , if necessary) rector title by the j President; T= Trea = Chief Financial	oeing added: first letter of the office title; isurer; S= Secretary; D= Director; TR= Tru, Officer, If an officer/director holds more tha	
	ves the corporatio	n, Sally Smith is named the V and S. These st	PST and Mike Jones is listed as the V. There is would be noted as John Doe, PT as a Change.
Example: X Change X Remove X Add	PT         John Do           V         Mike Jo           SV         Sally So	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove			
2) Change Add			
Remove 3 ) Change Add	<del></del>		
Remove 4) Change Add			
Remove 5) Change	<del></del> -		
Add Remove			
6) Change Add			

\_\_ Remove

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)			NIA	
·	•				
	· · · · · · · · · · · · · · · · · · ·				
		<u> </u>	<del></del>	<del></del>	
	<del></del>		<del></del>	<u> </u>	
				<del></del>	<del></del>
				<u></u>	
***					
			<u> </u>		
	•				
	<u>-</u> -				
				-	
		- · · - · ·			
<del></del>					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 000000000000000000000000000000000000	
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amend was/were sufficient for approval.	ment(s)
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	/were
Dated 1/9/19	
Signature  (By the chairman or vice chairman of the board, president or other officer-if dir	
have not been selected, by an incorporator – if in the hands of a receiver, trust other court appointed fiduciary by that fiduciary)	
Eileen Ledgerwood (Typed or printed name of person signing)	<del></del>
Director	
(Title of person signing)	