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'TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

J.U.M.P. MINISTRIES INC. NAME OF CORPORATION:				
N96000004568 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matter	r to the following:			
CHRISTOPHER COCROFT SR.				
	(Name of Contact Person)		
J.U.M.P. MINISTRIES INC.				
	(Firm/ Company)			
2550 W. COLONIAL DRIVE SUITE 300				
	(Address)			
ORLANDO, FL 32804				
	(City/ State and Zip Code)		
E-mail address: (to be used	E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
CHRISTOPHER COCROFT SR.	407 at	•	242-2350	
(Name of Contact Person)		ea Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made pay	vable to the Florida Depar	rtment of S	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certifi Certifi	O Filing Fee cate of Status ed Copy is sed)	
Mailing Address Amendment Section		Address nent Secti	~	
Division of Corporations		nent Section of Corpo		
P.O. Box 6327		Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

J.U.M.P. MINISTRIES INC.		15 JUN -3 III 3: UI
(Name of Corporation as cur	rently filed with the Flor	rida Dept. of State)
N96000004568		HALLAHASSEE, PLORUA
(Document No	ımber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	ntutes, this <i>Florida Not Fa</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The nev
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u>)	
	·	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(muning unitess MAT BE A FOST OFFICE BOX)	· · · - · ·	
		.
D. If amending the registered agent and/or registered		enter the name of the
new registered agent and/or the new registered offi	ce address:	
Name of New Registered Agent:		
New Registered Office Address:	(Fi	lorıda street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:	
hereby accept the appointment as registered agent. I am		the obligations of the position.
	Gr. Car B	torad Agant if changing
	STOROTHURO Of Move Monie	torad agant it 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 I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	SD	LAMOND PLUMMER	841 SHORT AVE
Add			ORLANDO, FL 32805
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add .	- 1	: '	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6 Charas			
6) Change			
Add			
Remove			

f amending or adding addition ttach additional sheets, if nece	essary). (Be specific)			
		· · · · · ·		
	 	 		
	-			

		· · · · · · · · · · · · · · · · · · ·		

	5/31/2015	
The date of each amendment(s) date this document was signed.		, if other than the
Effective date if applicable:	31/2015	
	(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this bedocument's effective date on the I		ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number oval.	of votes cast for the amendment(s)
☐ There are no members or me adopted by the board of dire	mbers entitled to vote on the amendment(sctors.	s). The amendment(s) was/were
have not	airmand vice chairmen of the board, pres been selected, by an incorporator – if in the rt appointed fiduciary by that fiduciary)	sident or other officer-if directors he hands of a receiver, trustee, or
CHRI	STOPHER COCROFT SR.	
	(Typed or printed name	of person signing)
DIRE	CTOR	
	(Title of pers	on signing)