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COVER LETTER

Division of Corporations NAME OF CORPORATION: MISSION EVANGELIQUE DU CHRISTIA NISME N 9800000 4442 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KERSAINT JOSEPH (Name of Contact Person) MISSION EVANGELIQUE DU ChRISTIANISHE, INC 2201 NW 4/5T AVE # 30/
(Address) LAUNERHILL FZ 33313
(City/ State and Zip Code) wrraselike Valuro, Com
-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) at (954) 274-8777 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed)

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed w		ept. of State)	ISME, INC
	r of Corporation (il	Cknown)	10. 70.
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this I	Florida Not For Profit Corporati	on adopts the following
A. If amending name, enter the new name of the	e corporation:		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		r "incorporated" or the abbrevia	The new tion "Corp." or "Inc."
B. Enter new principal office address, if applica	able:		
(Principal office address <u>MUST BE A STREET A</u>	(DDKESS)		~ · · · · ·
			<u> </u>
			- F
C. Enter new mailing address, if applicable:	DOW.		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		
			, ©
D. If amending the registered agent and/or regi	istared office oddr	vess in Florida, anter the name o	of the
new registered agent and/or the new register			1 the
		-	
Name of New Registered Agent:			
	(Florida	street address)	
New Registered Office Address:	(* 101 iui	5.100. dam.ca.y	
	(6:4)	, Florida	<u> </u>
	(City)	(Zip Code	? <i>)</i>
New Registered Agent's Signature, if changing	Registered Agent:	:	
I hereby accept the appointment as registered agei			^c the position.
		•	
Classic	f New Registered A	agent if alaquains	
Signature oj	i ivew kegisierea A	geni, ij changing	

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a	nđ
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 A Add	PT John I V Mike SV Sally	Jones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	PASTOR	REVERAND JUDE VALERY Chief PASTOR	2201 NW 41 AVE #301 LANDEN hell FZ 333/3
2) Change Add	<u>DEACO</u> N E	SNICK FELISSAINT DEACON	2201 NW 415 AVE #301 LAUDET hell FZ 33313
Remove 3) Change Add Remove	REV	PAUL, CHRISTLORME	
4) Change Add Remove	DEACON	WILFRID TOUZE	2201 NW 4159 Me#301 LAUDET hell FC 333/3
5) Change Add Remove			
6) Change Add Remove	 .		

stach additional sh	ding additional Articles, if necessary).	(Be specific)	. 				
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The date of each amendment(s) adoption: 9/22/2012
Effective date if applicable: 9/22/2012
(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 9/22/2012
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)
KERSAINT TOSEPH
(Typed or printed name of person signing) Pres-1 Dev Z
(Title of person signing)