N99000004068

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer	<u> </u>
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Office Use Only



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COVER LETTER

TO: Amendment Section . Division of Corporations		*
NAME OF CORPORATION: A VAN	CE CRISTIANO	MINISTRIES, LNC.
DOCUMENT NUMBER: W99		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
	DONNIACUO me of Contact Person	
	Firm/ Company	
<u>612 S.</u>	MARTIN LUTHE,	K King, Jr. Ave
CLEARW	ATEK FL 33 y/State and Zip Code	756
Cit	y/ State and Zip Code	
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, p	lease call:	
JOHN M. DONNIACUO Name of Contact Person	at (
Enclosed is a check for the following amount ma		
\$35 Filing Fee \$\text{Certificate of Status}\$	S43.75 Filing Fee & Certified Copy . (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2010

JOHN M. DONNIACUO 612 S MARTIN LUTHER KING JR AVE CLEARWATER, FL 33756

SUBJECT: AVANCE CRISTIANO MINISTRIES, INC.

Ref. Number: N99000004068

We have received your document for AVANCE CRISTIANO MINISTRIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617,1006. Florida Statutes. Please see the attached information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 010A00020883

RECEIVED

10 SEP 20 PM 12: 22

SECREMENT OF STATE



September 20, 2010

JOHN M. DONNIACUO 612 S MARTIN LUTHER KING JR AVE CLEARWATER, FL 33756

SUBJECT: AVANCE CRISTIANO MINISTRIES, INC.

Ref. Number: N9900004068

We have received your document for AVANCE CRISTIANO MINISTRIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

The signature page is for a profit corporation. Enclosed, please fine the correct signature page for a non profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 010A00020883

Articles of Amendment to Articles of Incorporation of

AUANCE CX	eist/An	O MINISTRI	ts INC.	
(Name of Corporation as cur	rently filed w	ith the Florida Dept. of S	state)	
119900	000 4	068		
		oration (if known)		
Discount to the manifold of section 617 1006	C Elacida Stat	record this Elevation Blad East	The St. Commenced and	
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of			Projit Corporation 8	aopts
A. If amending name, enter the new name	of the corpor	ation;		
The new name must be distinguishable and			scorporated" or the	
abbreviation "Corp." or "Inc." "Company"	or <u>"Co." may</u>	not be used in the name.		
B. Enter new principal office address, if ap		a.	y "	
(Principal office address <u>MUST BE A STRE</u>	<u>ET ADDKES</u>	<u>S</u>)	TA K	_
			L CR	S 0
		•	<u></u>	- 13
C. Enter new mailing address, if applicabl	le:		SSE Y	27 AM
(Mailing address MAY BE A POST OFF				*
				<u> </u>
	•		S	=
D. If amending the registered agent and/or	registered of	fice address in Florida, e	nter the name of the	e
new registered agent and/or the new reg				•
Name of New Registered Agent:				
- A TO THE STATE OF THE STATE O				
New Registered Office Address:		lorida street address)	<u>—</u>	
ADAISTON Office Have ess.	., 12	sorial sirect dadressy		
		(Cital)	, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if chang				
I hereby accept the appointment as registere position.	ed agent. I	am familiar with and acc	ept the obligations	of the
_				
	Signature of 1	New Registered Agent, if cl	hanging .	

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; (Atlach additional sheets, if necessary)

d D	<u>Name</u>		Type of Action
Vr	NELIDA ARROYO	Address 3412 PLEASANT LAKE TAMPA, FL 33618	Add
		TAMPA, FL 33618	_ TRemove
	٠,	7.	-
			_
		·	-
			_ ☐ Add ☐ Remove
			- C Kemove
E. If amendir	ng or adding additional Articles, enter itional sheets, if necessary) (Be specif	change(s) here:	
	ittonat sneets, ij necessary). (Be specij		
1. · · ·		•	
			
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	ndment provides for an exchange, recl		
provision	ndment provides for an exchange, recl s for implementing the amendment if n applicable, indicate N/A)		
provision	s for implementing the amendment if n		
provision	s for implementing the amendment if n		
provision	s for implementing the amendment if napplicable, indicate N/A)	ot contained in the amendment	
provision	s for implementing the amendment if n	ot contained in the amendment	
provision	s for implementing the amendment if napplicable, indicate N/A)	ot contained in the amendment	
provision	s for implementing the amendment if napplicable, indicate N/A)	ot contained in the amendment	

The date of each amendment(s) ad	Soption: 8-26-10
Effective date if applicable:	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or memb	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated	Berto Quosta
Signature	Devido Ocosta
have not	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator — if in the hands of a receiver, trustee, or rt appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
_	PEESIDENT
	(Title of person signing)