

N99000005797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

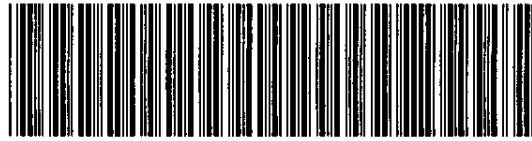
(Business Entity Name)

(Document Number)

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11/28/12--01012--005 **43.75

Amend

FILED
12 DEC 28 AM 10:29
CORPORATE STATE
TALLAHASSEE, FLORIDA

JAN 03 2013
T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2012

DANIEL HAROER
MISSIONARY BIBLE TABERNACLE
133 NE 3RD ROAD
HOMESTEAD, FL 33030

SUBJECT: MISSIONARY BIBLE TABERNACLE, INC.
Ref. Number: N99000005797

We have received your document for MISSIONARY BIBLE TABERNACLE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete page 4 in its entirety.

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) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 812A00028445

RECEIVED

12 DEC 28 AM 11:55

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Missionary Bible Tabernacle Inc.

DOCUMENT NUMBER: N99000005797

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Harper
(Name of Contact Person)

Missionary Bible Tabernacle
(Firm/ Company)

133 NE 3rd Road
(Address)

Homestead, Florida 33030
(City/ State and Zip Code)

Missionarybibletabernacle@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Harper at (786) 339 - 0223
(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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

Missionary Bible Tabernacle, Inc.

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

N99000005797

(Document Number of Corporation (if known))

FILED
12 DEC 28 AM 10: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

A. If amending name, enter the new name of the corporation:

NOT APPLICABLE

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

304 SW 3 RD STREET

HOMESTEAD, FL 33034-0000

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

304 SW 3RD STREET

HOMESTEAD, FL 33034-0000

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____ ROGELIO BUENROSTRO _____

304 SW 3RD STREET

(Florida street address)

New Registered Office Address:

HOMESTEAD

(City)

Florida 33034-0000

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>CEO</u>	<u>LOVELL HARPER</u>	<u>220 NE 12TH AVENUE</u>
<input type="checkbox"/> Add			<u>LOT 97 HOMESTEAD, FL</u>
<input checked="" type="checkbox"/> Remove			<u>33030-0000</u>
2) <input type="checkbox"/> Change	<u>CEO</u>	<u>ROGELIO BUENROSTROS</u>	<u>304 SW 3RD STREET</u>
<input checked="" type="checkbox"/> Add			<u>HOMESTEAD, FL</u>
<input type="checkbox"/> Remove			<u>33034-0000</u>
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

NOT APPLICABLE

The date of each amendment(s) adoption: 12-21-12

Effective date if applicable: _____
(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 Dec. 21, 2012

Signature Jose Sandoval

(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)

Jose Sandoval

(Typed or printed name of person signing)

Treasurer & Trustee

(Title of person signing)