

PO7000103497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

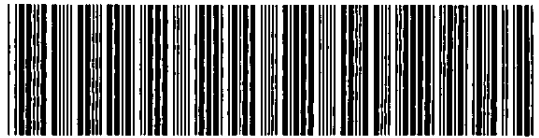
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
RECEIVED

AMEND
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2008

LIZ HAMNER
STEVE RICHARDSON & COMPANY, P.A.
PO BOX 2250
TUSCALOOSA, AL 35403

SUBJECT: MARK CORRELL'S MINISTRY, INC.
Ref. Number: P07000103497

We have received your document for MARK CORRELL'S MINISTRY, INC. and check(s) totaling \$52.50. However, your check(s) and document are being returned for the following:

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2008 annual report. The entity must be reinstated before this document can be filed.

Please complete the enclosed form and return it to us with a check for \$750.00 in order to complete your reinstatement.

The fees to reinstate the corporation are as follows: \$600 reinstatement fee, \$150.00 filing fee per year for the years 2008 through the current year.

Therefore, the total fee to file the reinstatement is \$750.00. Add an additional \$8.75 for each certificate of status requested.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 808A00052733

COPY

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Mark Correll's Ministry, Inc. +

DOCUMENT NUMBER: P07000103497 +

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

Please return all correspondence concerning this matter to the following:

Liz Hamner
(Name of Contact Person)

Steve Richardson & Company, PC
(Firm/ Company)

PO Box 2250
(Address)

Tuscaloosa, AL 35403
(City/ State and Zip Code)

For further information concerning this matter, please call:

Liz Hamner at (205) 349-3580
(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:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 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

Articles of Amendment
to
Articles of Incorporation
of

Mark Correll's Ministry, Inc.

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

P07000103497

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (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

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HALL COUNTY CLERK

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Adding Additional Article: _____

Article VIII _____

Duration: _____

The Duration of the Corporation shall be perpetual, unless sooner dissolved in accordance with the Laws _____

of the State of Florida pertaining to the dissolution of business corporations. _____

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: August 11, 2008

Effective date if applicable: August 11, 2008
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

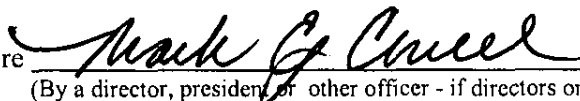
- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by

(voting group)"

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature



(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Mark E Correll

(Typed or printed name of person signing)

Registered Agent

(Title of person signing)

FILING FEE: \$35