



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV  
2018 MAY 23 PM 12:21

**Articles of Amendment**  
DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-40, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number:  000118179	2. The name of the corporation is:  Sunshine National & Intl / Chaplain Ministry, INC.
3. If the entity's name is changing, state the new name:  Chaplain Ministry HELP FOR THE CHILDREN, INC. <input type="checkbox"/> Check the box to indicate no change	
4. If the period of its duration is changing complete the following section: CHECK ONE BOX ONLY  <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <input checked="" type="checkbox"/> Check the box to indicate no change	
5. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island.  Youth IN ACTION & Dedicated Veterans Chaplain ministers at the forefront providing care for orphans, Needy Children, Elderly. Promoting spiritual, social and economic development of our Country... <input type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change	
6. If the number of directors is increasing or decreasing (not less than 3 directors), state the number of directors in this section:  *List ALL directors as of this amendment	
NAME	ADDRESS
Sunshine Power	38 William Ellery Place Prov. RI. 02904
Jude P. Jerome	38 William Ellery Place Providence RI. 02904
Nasha E. Paul	22-18 Crescent Street Queens NY 11105
<input type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change	

JOHNNY JEROME 38 William Ellery Place  
Providence, RI. 02904

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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BY AM 33/1182

7. If adding or amending additional provisions, complete the following section:

N/A

Check the box to indicate an attachment ☐

Check the box to indicate no change ☒

8. The amendment was adopted in the following manner: **CHECK ONE BOX ONLY**

- ☐ The amendment was adopted at a meeting of the members held on \_\_\_\_\_, at which meeting a quorum was present, and the amendment received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.
- ☐ The amendment was adopted by a consent in writing on \_\_\_\_\_, signed by all members entitled to vote with respect thereto.
- ☒ The amendment was adopted at a meeting of the Board of Directors held on 5/18/2018, and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

9. Date when these Articles of Amendment will be effective: **CHECK ONE BOX ONLY**

- ☒ Date received (Upon filing)
- ☐ Later effective date (Date must be no more than 30 days from the date of filing) \_\_\_\_\_

Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print the Name of the Non-Profit Corporation Sunshine National Int'l Chaplain Ministry, Inc.

Type or Print Name of the President ☒ OR Vice President ☐

Date

SUNSHINE Power

5/23/18

Signature of President OR Vice President

[Signature]  
SIGN DOCUMENT HERE

Type or Print Name of the Secretary ☐ OR Assistant Secretary ☐

Date

MASHA E. PAUL

5/23/18

Signature of the Secretary OR Assistant Secretary

[Signature]  
SIGN DOCUMENT HERE

**TWO SIGNATURES ARE REQUIRED**

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

FORM 201 - Revised: 11/2017



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

May 23, 2018 12:21 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

