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(Add	ress)	
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(City)	/State/Zip/Phor	ne #)
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(Doc	ument Number)
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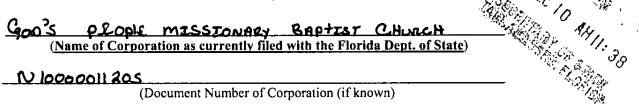
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF	CORPO	ration: <u>Cφοο³s ρ</u> ε	COPIL MISSIONALA	CAPTEST CHURCH
DOCUME	NT NUM	BER: <u>N 1000<i>0</i>011</u> 24	25	
The enclose	d <i>Articles</i>	of Amendment and fee are s	submitted for filing.	
Please returi	n all corre	espondence concerning this m	atter to the following:	
	Ros	NOY JOHNSON (Name	of Contact Person)	·
	Goo	is prople miss (Fi	IONARY GAPTEST CHUA	CH Tre.
	37	780 NW 193 5	(Address)	
	mi	ME &L 3305 (City/S	tate and Zip Code)	
	REC	E-mail address: (to be u	YAHOO COM sed for future annual report notifi	cation)
For further i	nformatio	on concerning this matter, plea	ase call:	
Ronoy	JOHO	son	at (303) 303 · (Area Code & Dayt	- 2410
Englaced is	·		Area Code & Dayt	•
		_	•	
🔀 \$35 Filin _i		☐ \$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)
	Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle

FILING CANCELLED RETURNED CHECK

Articles of Amendment to **Articles of Incorporation** of



e new name must be distinguishable and breviation "Corp." or "Inc." <u>"Company</u>		
Enter new principal office address, if a rincipal office address MUST BE A STR.		
Enter new mailing address, if applical		
(Mailing address MAY BE A POST OF	<u> </u>	
(Mailing address <u>MAY BE A POST OF</u>		
If amending the registered agent and/o	or registered office address in Florida, o	enter the name of the
If amending the registered agent and/onew registered agent and/or the new remains of New Registered Agent:	or registered office address in Florida, o	enter the name of the
If amending the registered agent and/onew registered agent and/or the new re	or registered office address in Florida, o	enter the name of the

Page 1 of 3

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>	Address	Type of Action
<u>S</u>	LINDA PARICER	3780 NW 193 57 MEANS FL 830SS	
<u>S</u>	DARRIAN MENLIL	3790 NW 193 ST MEANT FL 330SS	
T	ONTAUTA HYANYS	2780 NW 198 ST MEANT FL 330SS	
E. <u>If amen</u> (attach a	ding or adding additional Articles, ento additional sheets, if necessary). (Be spe	er change(s) here: cific)	
		V.487	

The date of each amendment(s) adoption: 12/03/3010
Effective date if applicable: 12/03/2010
Effective date if applicable: 12/03/2010 (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.
Signature (By the 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)
(Typed or printed name of person signing)
(Title of person signing)

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