

N 29435

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : YOUR CAPITAL CONNECTION, INC.  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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COR AMND/RESTATE/CORRECT OR O/D RESIGN  
A WOMAN'S PLACE MINISTRIES, INC.

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04/26/11

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: A Woman's Place Ministries, Inc.

DOCUMENT NUMBER: N29435

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

Please return all correspondence concerning this matter to the following:

Alan F. Gonzalez, Esquire  
(Name of Contact Person)

Walters Levine Klingensmith & Thomison, P.A.  
(Firm/ Company)

601 Bayshore Blvd., Suite 720  
(Address)

Tampa, Florida 33606  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Alan F. Gonzalez, Esquire at ( 813 ) 254-7474  
(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  
CIRRA Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

A Woman's Place Ministries, Inc.

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

N29435

(Document Number of Corporation (If known))

11 APR 26 PM 3:17

FILED

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:**

Life Impact Network, Inc.

*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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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*



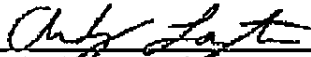
The date of each amendment(s) adoption: March 17, 2011

Effective date if applicable: March 17, 2011 (date of adoption is required)  
(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 March 17, 2011

Signature   
(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)

Andy Layton  
(Typed or printed name of person signing)

Executive Director  
(Title of person signing)