# N93000003484

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#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: BREAD OF LIFE CHRISTIAN CENTER MINISTRIES,
DOCUMENT NUMBER: N 93000003484
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:  GEORGE M. BOWLES  (Name of Contact Person)
BREAD OF LIFE CHRISTIAN CENTER MINISTRIES, INC. (Firm/Company)
Address) MAILING ADDRESS - PO BOX 405 FC DEERFIELD BCH FC 33443  City/ State and Zip Code)  Grand Gowles & yahoo. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    100   10
Enclosed is a check for the following amount made payable to the Florida Department of State:
■\$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy (Additional Copy

**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

is enclosed)

#### **Articles of Amendment**

### to Articles of Incorporation

BREAD of LIFE C	HRISTIAN	CENTER	MINISTRIES	, INC.
(Name of Corporation as c	··· <del>·····</del>	-	<del></del> ·	
N93000	003484			
	Number of Corporation			
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of		this <i>Florida Not F</i>	For Profit Corporation	ı adopts
A. If amending name, enter the new nam	e of the corporation	: _		
	HRISTIAN		R. INC.	_
The new name must be distinguishable an abbreviation "Corp." or "Inc." "Compan	d contain the word	"corporation" or he used in the nar	"incorporated" or th	e
B. Enter new principal office address, if (Principal office address MUST BE A STR	applicable:	- ASCA III INC HAN		-
				÷
			A Se	=
C. Enter new mailing address, if applica	ble:		AZZ	6
(Mailing address MAY BE A POST OF	FFICE BOX)			5
	-		ri g	圣二
			LOS TA	às ,
D. If a more directly a majest and a more and and a			5H	- 32
D. If amending the registered agent and/ new registered agent and/or the new r			i, enter the name of t	<u>ne</u>
Name of New Registered Agent:				
	· ·	<del>,</del>		
New Registered Office Address:	(Florida street address)		)	
			, Florida	
		(City)	(Zip Code)	-
New Registered Agent's Signature, if chall I hereby accept the appointment as registe			accent the obligations	of the
position.		virirophot rrapta Garaga C	oongunons	oj iiie
-	Signature of New I	Registered Agent i	f changing	

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## 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 \_ 🗆 Add ☐ Remove ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: July 24, 2011
(date of adoption is required)  Effective date if applicable: $\frac{1}{4}$
(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 M. Soules Sastar Resident  (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)
GEORGE M. Bowles  (Typed or printed name of person signing)
ASTOR ROSIDENT (Title of person signing)

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