## N9700005680

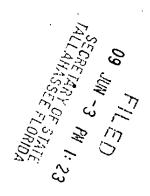
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

•			
NAME OF CORPO	RATION: CHR1841	aw FAmily Wo	eship Center, Inc.
DOCUMENT NUM	BER: <u>N9700000</u>	5680	
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
(	Lynthia Was	h Notan f Contact Herson)	<u></u>
2	Lastian Fam	n/Company)	enter, Inc.
	P.D. Box	( <u>2187</u> Address)	
	High Spa	RINGS FL 3 ate and Zip Code)	2622
	SiSwas E-mail address: (to be use	Lehotmail. Comed for future annual report notific	cation)
For further information	on concerning this matter, pleas	se call:	
Cynthia 1 (Name	of Contact Person	at ( <u>386</u> ) <u>878-</u> (Area Code & Dayt	19568 ime Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departme	nt 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)
Ame	ing Address ndment Section ion of Corporations	Street Address Amendment Section Division of Corporat	·

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

το
Articles of Incorporation
of Control
(Name of Corporation as currently filed with the Florida Dept. of State)
197777775180
(Document Number of Corporation (if known)
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:
Beyond The Box Ministry in Christ, In C.  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

## 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) Type of Action <u>Title</u> <u>Name</u> Address □ 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: 53109		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated <b>5</b>	131/09	
Signature _	Lunthia Washi ton	
(By	the chairman or vice chairman of the board, president or other officer-if directors	
	e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	Cunthia Wash mater	
	(Typed or printed name of person signing)	
	Pastol	
	(Title of person signing)	