700	(Requestor's Name) (Address)
04.	(Address) , (City/State/Zip/Phone #) PICK-UP WAIT MAIL
	(Business Entity Name)
ELECTIVE DO	(Document Number) Certified Copies Certificates of Status
C Amend	Special Instructions to Filing Officer:
	Office Use Only



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/13/12--01004--010 **43.75

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LOGOS Pro	ophetic Inter	national Ministries
DOCUMENT NUMBER: NO500010	800	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Dr. K.Dennis		
	(Name of Contact Perso	n)
	(Firm/ Company)	
P O Box 470100		
	(Address)	
Lake Monroe, FL 32747-	-0100	
	(City/ State and Zip Cod	e)
kdennis@zpim.or	•	
E-mail address: (to be used	•	notification)
For further information concerning this matter, please		
Dr. K. Dennis	_{at (} 407	391-9208 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301



Articles of Amendment to

Articles	of Incorporation of	544	7201 S\$
Logos Prophetic International Ministr	ies, two		Z AP
(Name of Corporation as currently filed with the Flo	rida Dept, of State)	
N05000010008			ကြီး မ
(Document Number of Corpora	ntion (if known)		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not</i>	For Profit Corporation a	dopts the following
A. If amending name, enter the new name of the corporati	on:		
Zoe Prophetic International Ministries	, Inc.		The new
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	ion" or "incorpora	ted" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable:	213 S Laurel Ave	e. Bldg. 200 Sanford, F	L 32771
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	156 Charles	Richard Bell Blvd.	Ste. 5
	Debary, FL	32713	
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 new registered agent and/or the new registered office a		la, enter the name of the	<u>e</u>
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)		
		, Florida	
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan		pt the obligations of the	position.

Page 1 of 4

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>y</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change Add	D	_	E Willingham	213 S Laurel Ave
× Remove				Sanford, FL 32771
2) Change Add	D		S Willingham	213 S Laurel Ave
× Remove				Sanford, FL 32771
3) Change	D		A Martin	156 C.R. Bell Blvd
Add 🔀		_		Ste 5
Remove				Debary,FL 32713
4) Change Add		- .		<u></u>
Remove				
5) Change		_		
Add Remove				
Keniove				
6) Change				
Add Remove				
				



E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
In addition to the By-Laws The Founders Dr K. Dennis & Dr. N Dennis
will appoint who is to succeed them in their death or retirement from position.
Dr. K Dennis is chairmen of the board.

The date of each amendment	(s) adoption: April 1, 2012
Effective date <u>if applicable</u> :	May 1, 2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.
☐ There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.
Dated O	ril, 9, 20/2
Signature	Somo
have n	chairman or vice chairman of the board, president or other officer-if directors ot been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
_ <i>K</i> _	Dennis
Pg.	(Typed or printed name of person signing)
	(Title of person signing)