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(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATIO	Zoe Prophetic Interna N:	tional Ministries, Inc.		
	N05000010008			
The enclosed Articles of Ame	endment and fee are subm	itted for filing.		
Please return all corresponder	oce concerning this matter	to the following:		
Dr. Karin N.W.Dennis				
	(Name of Contact Person	n)	
		(Firm/ Company)		
		(1 mm/ Company)		
655 Fulton St. Ste 5				
		(Address)		
Sanford, FL 32771				
	(City/ State and Zip Cod	e)	
karin_dennis@yahoo:com				
E-1	mail address: (to be used	for future annual report	notification)	
For further information conce	rning this matter, please c	all:		
Karin N W Dennis		40'	7-796-1996	
.)(Name of Contact Person)		ea Code) (Daytime Telephone Number)	
Enclosed is a check for the fo	llowing amount made pay	vable to the Florida Depa	rtment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & C 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 Ad Amendmen			Address ment Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

Zoe Prophetic International Ministries, Inc.		
(Name of Corporation as curr	ently filed with the Florida Dept. of Stat	<u>(e</u>).
N05000010008		
(Document Nur	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	ates, this Florida Not For Profit Corporat	tion adopts the following
A. off amending name, enter the new name of the corpor	ation:	
Zoe International Organization, Inc.	·	The new
name must be distinguishable and contain the word "corporation" or "Co." may not be used in the name.	ration" or "incorporated" or the abbrevia	ation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	655 Fulton St.	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>S</u>) Ste.5	
	Sanford, FL 32771	250 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P O Box 470282	Y IO
	Lake Monroe, FL 32747	파의 골 는
		3: 11 ORI
D. If amending the registered agent and/or registered of		of the
new registered agent and/or the new registered office Name of New Registered Agent:	; address:	
New Registered Office Address:.	(Florida street address)	lorida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	ed Agent:	(Zip Code) f the position.
/	Signature of New Registered Agent, if cha	anging

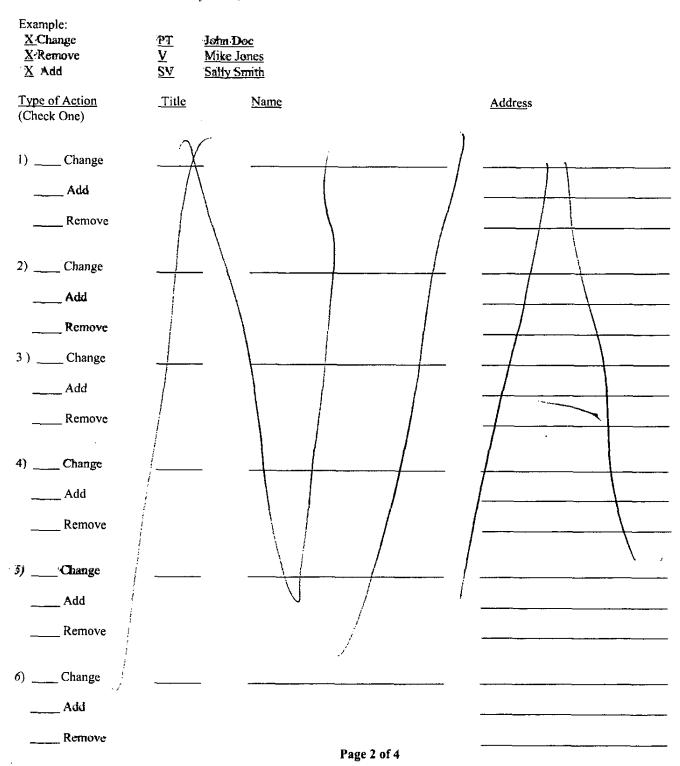
If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(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.



f amending or adding additions ttach additional sheets, if necess	ary). (Be specific)				
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• • • •	May 01, 2017	
The date of each amend late this document was s	·: · · · · · · · · · · · · · · · · · ·	, if other than the
Effective date if applica	May 05, 2017	
<u></u>	(no more than 90 days after amendment file date)	
	In this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.	be-listed as the-
Adoption of Amendmen	ot(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
There are no member adopted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were ed of directors.	
Dated	May 05, 2017	`
Signature 9		_
Ì	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)	
	Dr. Karin N.W. Dennis	
	(Typed or printed name of person signing)	
	Pastor	
	(Title of person signing)	
		_

THAY TO PH 3: 14
SECRETARY OF STAFE
SALI AHASSEE FLORIDA