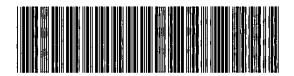
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Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: Christ the	Servant Churc	h of the brethre De coral, Florida
DOCUMENT NUMBER: 7 42 521		INC
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
LYNN Scholer (Name of Con	tact i cison)	
Christ The Servant (Firm/Co	-Churchot the many) Cape COR	brethren m, Florida, INC
1813 E i Darado PKWI (Addre		<u>.</u>
CAPE CORAL FOR (City/ State an	9 33914 d Zip Code)	
For further information concerning this matter, pleas		
Lynn Schoendorf (Name of Contact Person)	at ( <u>239</u> ) <u>772-73</u> (Area Code & Daytime Telep	34 none Number)
Enclosed is a check for the following amount made p	payable to the Florida Departme	ent of State:
\$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)
Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED DIVISION OF CORPORATIONS

09 APR 15 AM 8:58

Christ the Servantcho (Name of Corporation as co	rch of the aurrently filed with	Brethven C the Florida Dept. o	APLOVAL, Flor	rida, INC.
7425	21			
(Document )	Number of Corporat	ion (if known)		
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of	-	, this <i>Florida Not I</i>	For Profit Corporation ado	pts
A. If amending name, enter the new nam	e of the corporation	<u>n:</u>		
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company	d contain the word	"corporation" or	"incorporated" or the	4, INC
B. Enter new principal office address, if a (Principal office address MUST BE A STR		2510 SE	16th place #1	05 3904
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		P.O Box	15/849 RAL, FLG 33	·
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:	(Flor	ida street address)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if chan I hereby accept the appointment as registed position.			accept the obligations of	the
-	Signature of New	Registered Agent,	f 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	-trim and a constant of the co		□ Damaria
			D D
			D D
E. If amendation (attach ad	ding or adding additional dditional sheets, if necessar	Articles, enter change(s) here:  y). (Be specific)	
···			
**************************************			

The date of each amendment	(s) adoption: 4,10,09
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or n adopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Signature(By	the chairman or vice chairman of the board, president or other officer-if directors on the selected, by an incorporator – if in the hands of a receiver, trustee, or recourt appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)  (Title of person signing)

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