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SECRETARY OF STATE
ALLAHASSEE, FLORINA

C. LEWIS SEP 27 2013 EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Faith Chr	istian Centr	e, Inc			
DOCUMENT NUMBER: NO100006448					
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	•			
Please return all correspondence concerning this matter	er to the following:				
Lois A. Johnson					
	(Name of Contact Person	1)			
Faith Christian Centre, I	nc				
	(Firm/ Company)	· · · · · · · · · · · · · · · · · · ·			
30 Old Ferry Road					
	(Address)				
Shalimar, Florida 32579					
	(City/ State and Zip Code	:)			
newrest@cox.net					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please	call:				
Lois A. Johnson	_{at} 850	598-5647			
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Florida Department 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 ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301			

Articles of Amendment to Articles of Incorporation of

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		13 NED 20 20
(Name of Corporation as currently filed with the Flo	rida Dept, of State)	13 SEP 20 PH 4
N01000006448		SECRETARY OF ST TALLAHASSEE, FLO
(Document Number of Co	orporation (if known)	THE THE SEE, FLO
ursuant to the provisions of section 617.1006, Florida Statute mendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corpor</i>	ration adopts the following
. If amending name, enter the new name of the corporati	on:	
New Restoration Ministries, Inc		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbre	viation "Corp." or "Inc."
Enter new principal office address, if applicable:	30 Old Ferry Road	
Principal office addr e ss <u>MUST BE A STREET ADDRESS</u>)	Shalimar	
	Florida 32579	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 235	
	Shalimar	
	Florida 32579	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a Name of New Registered Agent:		e of the
	(Florida street address)	
New Registered Office Address:	(r tortau street aaar 655)	
N/A	. Florida	

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 <math>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 X Remove X Add	$\overline{\mathbf{v}}$ \mathbf{M}	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>VT</u>	Lois A. Johnson	30 Old Ferry Road
Add			Shalimar
Remove			Florida 32579
2) Change			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)					
- To date Lois A. Johnson will assume the capacity of Vice President					
and Treasurer in this corporation. However, in the event the President,					
Bernard H. Johnson Sr. is unable to perform the responsibilities of this					
office, Lois A. Johnson will assume the office of President.					
					
					
· · · · · · · · · · · · · · · · · · ·					

The	date of each amendment	(s) adoption: September 12, 3013	, if other than the
date	this document was signed.		·
Eff	ective date <u>if applicable</u> :	September 16, 2013	FILER
		(no more than 90 days after amendment file dat	e) 12 0-
			FILED 13 SEP 20 PM 4: 40
Ado	option of Amendment(s)	(CHECK ONE)	SECRETARY OF
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for proval.	SECRETARY OF STATE THE amendment(s)
	There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendr lirectors.	nent(s) was/were
	_{Dated} Ser	otember 16, 2013	
	Signature <u>B</u> o		
	have n	chairman or vice chairman of the board, president or other of not been selected, by an incorporator – if in the hands of a recourt appointed fiduciary by that fiduciary)	
	Bernar	d H. Johnson Sr.	
		(Typed or printed name of person signing)	
	Preside	ent	
	-	(Title of person signing)	